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ABSTRACT

This document is a collection of the second session of hearings on drug abuse in the schools, conducted for the House of Representatives' Select Committee on Crime. This particular part delves into the drug problem in Kansas City, Kansas. Witnesses from this city whose statements were heard in the 1972 hearings include school teachers, former drug addicts, undercover police officers, district attorneys, school principals, and executive administrators of city school systems. Relevant data are included in tables and charts throughout the documents. The findings on the other cities involved in these hearings can be found in the ERIC collection. (SES)

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DRUGS IN OUR SCHOOLS

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HEARINGS

BEFORE THE

SELECT COMMITTEE ON CRIME
HOUSE OF REPRESENTATIVES

NINETY-SECOND CONGRESS

SECOND SESSION

KANSAS CITY, KANS.

OCTOBER 6, 7, 1972; KANSAS CITY, KANS.

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DRUGS IN OUR SCHOOLS

FRIDAY, OCTOBER 6, 1972

House of Representatives,
Select Committee on Crime,
Kansas City, Kans.

The committee met, pursuant to notice, at 10:30 a.m., in the east courtroom, Federal District Court, the Federal Building, 812 North Seventh Street, Kansas City, Kans., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Mann, Winn, and Steiger.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman **Pepper**. The committee will come to order, please.

The House Select Committee on Crime is very pleased to be here in the great city of Kansas City, Kans., and to be in this great metropolitan area.

We are sorry that our plane was a little late this morning. We were not able to get away last evening because there was a very important vote in the House and we stayed in session until late in the evening.

This morning, I am accompanied by three of my distinguished colleagues on the House Select Committee on Crime. On my right is the Honorable James Mann, Democrat, from South Carolina; on my left, of course, you will recognize your own distinguished Representative and very fine member of this committee, the Honorable Larry Winn; and on his left another distinguished member, the Honorable Sam Steiger, Republican, from the State of Arizona.

We are all very happy and privileged to be here with you.

By the way, my name is Claude Pepper, I am from Miami, Fla., and I am chairman of the committee.

On June 19, 1972, the U.S. House of Representatives Select Committee on Crime initiated an extensive series of hearings concerning student drug abuse which has taken us to various cities and suburbs across the Nation.

We have already conducted inquiries in New York, Miami, San Francisco, and Chicago. These hearings are concerned with drugs in our schools—a condition which has become so extensive and so pervasive that it has assumed the proportions of a national tragedy, if not a national scandal.

Our hearings are designed to determine the extent to which drugs are being bought, sold, and abused by children in our schools, and what the Federal Government can do to help the States and the local authorities to prevent such drug abuse and to correct the abuses when they are discovered to have occurred.

More importantly, however, the committee has inquired into the abject failure of our governmental institutions—especially our schools—to attack the problem of increased narcotics abuse by school-age children. It is shocking that most of our school systems have no program to combat drug abuse, or to assist a child with a drug problem.

Regrettably, the policy of most school boards seems to be one of turning away from the problem by refusing to acknowledge the extent to which it exists at the local school level. Ignoring this problem or sweeping it under the rug, as has been the case in too many instances, is a tremendous disservice to our youth and our community.

As the President proclaimed last year, our Nation is presently involved in a national drug epidemic—a national emergency. The number of drug addicts has been steadily and alarmingly increasing—from 315,000 in 1969 to 559,000 in 1971. The overwhelming portion of that increase has been among our Nation's age group which we call "youth."

Recently a national commission found that 6 percent of our Nation's high school pupils have used heroin. That means that 1½ million of our school boys and girls are already gravely endangered by that deadly menace.

The national drug epidemic has been especially devastating to our major cities and metropolitan areas. In New York we found that drug abuse and the crime integrally connected with it was corroding and destroying to a large extent the very fabric of the school system. According to many responsible officials, the schools had become sanctuaries and havens for drug sales due to the laxity and ineffectiveness of the school officials. Although the condition in Chicago, Miami, and the San Francisco Bay area is not nearly as bad as in New York, as our hearings have disclosed, the drug abuse situation in those cities is, however, grave.

Unless those cities act immediately, the devastating results which occurred in New York will be repeated there.

We just last week had hearings in San Francisco. I distinctly remember one young high school boy testifying that he never went to school except when he ran out of drugs, because he knew he could get all of the drugs he wanted at the school to which he went.

The Kansas City metropolitan area has not been spared by this national epidemic. In the last 2 years the death of more than seven Kansas City teenagers has been caused by drugs.

Arrest statistics indicate a rapid growth in the use of drugs in Kansas City. In the last 3 years narcotics arrests have skyrocketed more than 425 percent.

Over 72 percent of those arrested are between the ages of 16 and 24 years.

By the way, let me interrupt my statement to announce that entering the courtroom is a very distinguished Member of the House of Representatives, one of our esteemed colleagues from the adjoining State of Missouri, the Honorable William Randall. We are very happy to have Mr. Randall with us. We will call on him a little bit later.

Moreover, a recent survey conducted by Columbia University demonstrated the extent of the school-age drug problem in the region of the country that includes this area's schools. That survey shows that 34 percent of high school students have used marihuana; 18 percent have used barbiturates; 16 percent have used amphetamines; 14 percent have used Methedrine, speed; 8 percent have tried cocaine; and 5 percent had tried heroin.

This survey, demonstrating as it does widespread experimentation with drugs among our youth, is most alarming. Although these statistics give some dimension to the problem, most informed people think these statistics underestimate the true scope of the problem.

A poll conducted this week by the Governor's Narcotics Council showed that 75 percent of the officials participating in the drug program thought that drug use in schools was underestimated.

In preparation for these hearings the committee's investigative staff has interviewed teachers, principals, students, police and court officials, health and medical authorities, and many others. On the basis of these preliminary evaluations, it can be concluded that drug abuse in Kansas City area schools is extremely serious, widespread, and growing worse.

A number of young drug users have advised us that all types of drugs are readily available in practically every high school in this area.

The students who take these drugs come from every major socioeconomic, religious and ethnic group in the country. The drugs used by these students are regularly bought and sold right on the school grounds. The drug pusher in our schools is not the usual criminal but is most often one of the school students.

On the basis of the evidence produced at our hearings thus far it appears that concerted and determined effort by the National, State and local governments is desperately needed if this crisis is to be abated. The Federal Government must take an active and prominent role in the fight against drug abuse especially at our schools. We cannot let these young children's lives turn to crime and drug addiction. It is the committee's hope that these hearings will be the first step in an effort which will result in the reclamation of these young drug users We hope it is the beginning of a national commitment to assure drug-free schools.

In the course of our hearings we will be taking testimony from leading authorities concerned with the problems of drug abuse. We will hear testimony from undercover police officers who purchased drugs in this area.

A cross section of Kansas City school systems will be represented. We will also call a number of school-age youngsters who have been in the drug scene and can testify from firsthand experience about the crisis in our schools.

The Select Committee on Crime is here as the result of Congressman Larry Winn's resolution calling for this hearing, and because of his long and deep interest in this problem. That timely resolution called the problem in this area to the attention of the Congress and the Nation. Congressman Winn called for this inquiry when he learned of spiraling narcotics arrests of young people and of the national survey by Columbia University which showed extensive drug abuse in Midwest schools.

Station KMBA, channel 41, we are happy to advise, will carry these hearings daily, live, so that students, parents, teachers, and others, may learn first hand about the drug abuse problem in our schools. We wish publicly to express our gratitude to the media for that service they are rendering to the public and to this committee.

We commend KMBA for performing this service to the people of Kansas City. Before this complex and difficult problem can be solved the entire community must recognize that drug abuse among our young people is a reality, and we must do something about it.

On my right is the chief counsel of the committee, Joseph Phillips, and on my left is the associate chief counsel, Michael Blommer.

Mr. Mann, would you care to make any further comments?

Mr. MANN. No, thank you, Mr. Chairman.

Chairman PEPPER. Mr. Winn?

Mr. WINN. Thank you, Mr. Chairman.

I think you have pretty well covered the reason the committee is here, and I want to extend my thanks to you, as the chairman of the committee, for bringing our colleagues here and also to welcome Bill Randall from the Missouri side, because this is one of those problems that does not stop because we have a meeting of the rivers and because we have a street called the State Line.

I am sure all of the gentlemen here on the committee and everyone in this room has some interest in our problem, and I welcome the committee to Kansas City, Kans., and to the Greater Kansas City area.

We are going to feed you some Kansas City steak at noon today.

Chairman PEPPER. Very good. We are looking forward to it. I have been saving up for it.

Mr. Steiger.

Mr. STEIGER. No comments.

Chairman PEPPER. We will call our first witness. We are very much honored to have the Honorable Charles B. Wheeler, the distinguished mayor of Kansas City, Mo.

STATEMENT OF HON. CHARLES B. WHEELER, MAYOR, KANSAS CITY, MO.

Mayor WHEELER. Thank you, Mr. Chairman.

Chairman PEPPER. Mr. Mayor, we are happy to have you here. We welcome any statement you would like to make.

Mayor WHEELER. First of all, I would like to welcome you to Kansas City and hope your stay is a pleasant one. I appreciate very much Congressman Winn getting this hearing for this area.

As a mayor, I hold the credentials, also, of a physician, so I believe I put more emphasis on the drug problem than most mayors. I am very interested in the mayor of Jersey City, because he is also a physician and the problem of heroin in his community is much greater than ours is at this particular time. But, nevertheless, it is my firm belief that drug usage is widespread in our high schools.

Kansas City, Mo., which is my city, is the largest in this metropolitan area and contains about 500,000 of the 1.3 million that the metropolitan area holds. I can speak with authority about Kansas City, Mo. I serve on the police board and I am aware of the good activities of our narcotics officers.

I am in close contact with their school board, know all the members very well, and I am aware of their financial problems. The voters of my city have turned down school levy increases six consecutive times.

Nevertheless, a small number of teachers were sent out to California this summer, under a grant, to learn something about drug therapy, which I think is an indication that the school board is aware of the problem and is trying to do something about it. But they are relatively unfunded by the taxpayers at this time and that goes back to the well-known fact that the property tax is no longer getting the job done as far as our school systems are concerned.

Most of our school buildings are obsolete and we need to look at that problem, too, because the schools are sources of hopelessness in this day and age. No question in my mind that children are looking to their peers for leadership rather than to their older generation. I think it is extremely important for mayors and other officials to say, "Look, we have a drug problem and we want to work with you in order to solve that problem," because some of our most effective programs are from younger people who have gone through the experience, suffered hell, and have some real good advice to give younger people who are thinking of experimenting.

In my role as mayor I have also gotten deeply involved with Federal programs. The presiding judge of Jackson County and I named seven of the 13 members of the law enforcement assistance group and they have gotten into some therapeutic programs. Unfortunately, this year they decided to drop both programs in my city. One is called Renaissance West and the other is called the Phoenix Center. The fact they dropped these programs is a matter of great concern to me. I believe that they closed their doors on January 1. This community is literally without residential treatment facilities for young people.

We do have some excellent psychiatric facilities, but it is a proven fact that the cost of inpatient treatment is exorbitant and simply cannot be used in routine cases.

So I would say that the Department of Justice should look at their expenditure of funds as they float down through the State mechanism and into the regional mechanism because, as is the case with most thoughts on revenue sharing, people feel that the elected officials are probably in a better position to deal with the problem locally on the basis of that special situation.

Our problem is that of amphetamines, barbiturates, and veterinarian tranquilizers which have crept into the market. We have a research institute called Midwest Research that picks up these drugs on the street, analyzes them, and turns out the information on what they contain. And, of course, the information about what they contain is most alarming and accounts for a lot of morbidity in this area.

The drugs are obviously being manufactured in bootleg chemical plants. They are very dangerous. I have known of children who were very brilliant, taking the drugs and winding up with a great intellectual deficit. I am sure that what you all have seen in New York City could happen in Kansas City 10 years down the road.

Unless we approach this as a medical problem and practice good preventive medicine, get programs to handle this drug problem while it is still in the amphetamine and barbiturate stage, we will have a large number of heroin users in this community in a few years.

We have two methadone clinics here, handling about a hundred patients, and from that I would estimate there are about a thousand users of hard drugs in this community. Recently the Justice Department came [illegible] with its TASC program. They said they wanted to put in a program to detect just how many people are hard-core heroin users, and asked if we would cooperate. We said we would cooperate with this statistical effort, but our program involved the amphetamines and barbiturates much more so, and we asked them to consider restructuring their program. But they refused to do so.

That is my overview. If there are any questions that I can answer, I will be glad to do so.

Mr. **Phillips**. Mr. Mayor, I have no questions, but I would like to compliment you and your staff especially, who cooperated extensively with the committee while we have been here. Thank you very much.

I think maybe some of the other members may have some questions.

Chairman **Pepper**. Mr. Mann.

Mr. **Mann**. No questions.

Chairman **Pepper**. Mr. Winn.

Mr. **Winn**. I don't have any questions, Mr. Mayor, but I understand there is some money, in approximately the amount of $1 billion, coming into the Missouri side in the form of the SAODAP, which is an extensive program dealing with the courts and with the law enforcement officers. This is still in the making and may or may not be official, but I think it is pretty well on its way to the Missouri side.

When I heard this the other day, I tried to point out that drugs don't stop at the State line just because we have the street named "State Line," and I have made application for an additional amount of money, not to take away from the Missouri funding, but for the Kansas side, too, so we can have a cooperative effort for all Greater Kansas City.

Mayor **Wheeler**. I would like to elaborate on that a little bit by saying after studying this problem long and hard, I am convinced that the proportion of funds that should be spent on the law enforcement approach to this program and a community approach is about 50–50. I think you have got to run the two concurrently down the street and have them interrelate with each other, or you are not going to get on top of the problem.

Mr. **Winn**. I agree with you, and I wrote a letter the other day to Dr. Jaffe, who is in charge of the President's Special Action Office for Drug Abuse Prevention, and pointed this out to him and requested funding for the Kansas side, too. I think it may be on its way.

Mayor **Wheeler**. The idea you expressed, Mr. Chairman, that the schools need to get deeply involved in this program, I concur with entirely. Unfortunately, the history in Kansas City is that the age of the child is consistently younger. As these people who like to make money on this drug traffic hit this more sophisticated group that have learned how dangerous drugs are, they move on to the next lower grade.

Chairman **Pepper**. Mr. Steiger.

Mr. **Steiger**. Thank you, Mr. Chairman.

Mr. Mayor, this is not ritual congratulations. Too often we have learned, and we, ourselves, are guilty of saying, "Well, drugs are a real problem, but not in my community, because I am here and I am watching out for this problem." So the fact that you not only are here, and the fact that you are not only aware but did something, is a credit to the community and yourself.

I want to share with you just an experiment that we are doing in Arizona that may be of some merit here.

You indicated your total awareness of the significance of the peer pressure, the companion of the student who is involved in drugs, who influences his friends to get into it. We are attempting in one Arizona community rather radical surgery and we are excising the offenders and isolating them in separate schools, in a separate school situation, and depending on the frequency of their violations, we are not even permitting them to go home.

As you might suspect, we have had a lot of success. We have dried up the market; in effect, made it tougher for the pusher to find customers of kids; and while it is not totally socially acceptable and it does present some very severe problems, it also is a very positive solution.

There may be situations in your community that would lend themselves to that kind of radical attention. I only mention it because I don't think there are many other communities which are trying it.

Mayor **Wheeler**. We have 17 school districts in Kansas City, Mo., so the problem of getting a unified drug program through 17 different school systems is tremendous.

Mr. **Steiger**. That is all, Mr. Chairman.

Chairman **Pepper**. Mr. Mayor, we wish to thank you very much for coming here today. Obviously, this is a matter that has to have the concern of all levels of government, from national down to the local, and it has to have an aroused public opinion behind it, because if you are going to get Federal, State, and local help mobilized, you have to have a dynamic opinion of the people behind you, realizing the gravity of the problem and wanting something done about it. Your presence here manifests a local concern about the matter.

We thank you very much.

Mayor **Wheeler**. It is my pleasure to be here and I look forward to the facts you uncover in the next 2 days.

Chairman **Pepper**. We invite you to spend as much time with us as you can. Thank you very much.

As I said, we are very much pleased to have one of our distinguished colleagues from neighboring Missouri. Like Mr. Winn, your other local Representative, he is one of the very influential Members of the House, very much esteemed by all of his colleagues: the Honorable William Randall. We appreciate his coming here.

We would like to have him make any statement he would like to make.

Mr. Randall, we would like to invite you to sit with us and spend as much time with us as you can while we are here today and tomorrow.

STATEMENT OF HON. WILLIAM J. RANDALL, A U.S. REPRESENTATIVE FROM THE STATE OF MISSOURI

Mr. **Randall**. Thank you very much, Chairman Pepper.

Unfortunately, the Federal courts have added several new counties to our district and we must be on our way shortly.

I am delighted to be with you today. As we came out on the plane together it seemed we almost had a quorum of the House. Let me congratulate you on choosing mid-America as the site for this hearing.

I am glad to be here to repay a debt to our good friend, the gentleman from Kansas, Mr. Winn. As chairman of the Subcommittee on Aging, we held hearings on the Missouri side. He came over to join us at that time. As subcommittee chairman on the Subcommittee on Agricultural Exports, we held hearings in Kansas City, Mo. Once again he was over with us. So we are back to petition his kindness and to thank the committee for coming out to the heart of America.

The remarks of the gentleman from Kansas were most appropriate when he said a State line is only an imaginary line except on a map and he was so correct when he said the drug problem is an area problem. He neglected to point out, Mr. Chairman, and also the gentlemen from South Carolina and Arizona, that Missouri was a civilized State long before Kansas was a territory. We have always regarded Kansas as an annexation to Missouri.

But we must admit the State has grown. As we came by this morning and saw the urban renewal on what was at one time old Minnesota Avenue, we were very much impressed.

Rampant crime is, of course, still a very important issue in this country and I am sure there is a substantial amount of drug addiction, most unfortunately among the young as well as the old. The hearings you have held have been valuable. You have done an important work, a necessary work. Should I be a Member of the 93d Congress, and there are any vacancies on the committee, I am going to try to get the Speaker to appoint me to this committee.

Your work has shown that those who are addicted must have money in order to pay for drugs to satisfy the addiction. We have been blessed in our rural counties on the other side of the line that there has been very little evidence of addiction in our schools. However, your hearing today will certainly pinpoint the potential dangers so that all of us on our side of the State line can be on the lookout for drug abuse among the youth.

You are certainly on the right track as you set out to stop this addiction among the young first.

I wish you well. I know your hearings will be productive.

Chairman PEPPER. We are happy to have you and appreciate your coming with us and hope you will stay with us as long as you can.

Mr. RANDALL. Thank you very much.

Chairman PEPPER. It is always the custom of this committee when we hold hearings anywhere in the country, to extend an invitation to the Governor of the State and to all of the members of that State's delegation in the Congress, to the Senators and the Representatives. We extended that invitation here to the distinguished Governor of the State of Kansas, and we are very much pleased that his administrative assistant, Mr. John Ivan, is here today to represent your able and distinguished Governor, the Honorable Robert Docking.

We would like to have Mr. Ivan come forward, if he will, and make whatever statement he would like to make.

STATEMENT OF JOHN IVAN, ADMINISTRATIVE ASSISTANT TO THE GOVERNOR, ON BEHALF OF HON. ROBERT B. DOCKING, GOVERNOR, STATE OF KANSAS

Mr. IVAN. Thank you very much.

Mr. Chairman, distinguished members of the panel, I am most happy to be your guest this morning and to welcome you to Kansas on behalf of Governor Docking. The Governor had previous engagements in Wichita and several other Kansas cities and was unable to be here in person.

Congressman Pepper, he wanted me to especially extend his personal greetings to you because of his feelings of longtime friendship with you, and also our distinguished highway director, John Montgomery, who used to be a political associate of yours in Florida.

Chairman PEPPER. Florida hated to lose him back to his native State of Kansas. John Montgomery of Junction City, a great person and great public servant, and I am glad always to have greetings from my old friend John Montgomery.

Mr. IVAN. I know he would liked to have been here in person.

I do have authority to submit a statement, which I believe represents the viewpoints of the Governor of Kansas.

I very much commend the goals and efforts of your committee. We hope that this information will be helpful as you try to construct a program to help alleviate the drug abuse problems in the future.

In effect, it does emphasize some of those things we are doing in Kansas and in our local communities, and we hope to that extent that we are not only pointing out the fact we recognize the drug abuse problem which exists, but also that we are showing some positive programs that have been undertaken and that we can, by providing analyses of those programs for your consideration, give your committee ways of constructing and advising us in developing programs in this area.

Your advance staff has been provided with information from many of our agencies of several of our existing drug programs. We appreciated the courtesies of your advance staff, as they have come to this area from Washington.

The Third Annual Governor's Drug Conference was held here earlier in the week, in Kansas City, Kans., and at this conference more than 400 local citizens were trained in the latest information on the war on drug abuse in Kansas. More than 50 communities sent five-member teams to this conference and they were assisted in developing the local community's plan of action in combating this problem.

I am sorry that your schedules didn't allow you to be here a little earlier this week because I think this particular conference would have given an insight to things that are occurring in Greater Kansas City and in the State of Kansas.

We have been actively engaged in fighting drug abuse in Kansas for more than 4 years. We are taking steps to head off the expansion of drug abuse in Kansas to the extent possible. Our attorney general has been extremely active in enforcing drug violations. The arrests are up from 1,418 in 1970 to a figure of more than a 55-percent increase, to a total of 2,543 in 1971.

Wide-ranging projects were begun to educate the citizens of our State about the facts and fantasies of drugs and drug abuse. Treatment centers and counseling centers for drug users were established.

At the same time we worked to improve the law enforcement agencies' ability to combat this criminal activity. By the end of 1971 the Governor's Committee on Criminal Administration had provided nearly $1 million for drug abuse projects and the LEAA had provided an additional $132,000 in drug abuse projects for Kansas.

This year we have provided another $471,600 for projects to continue to wage our war against drug abuse.

We would like to commend Congressman Winn for his efforts in including Kansas in the Greater Kansas City grant, as well.

To date, the Docking Administration's Criminal Administration Agency has awarded funds for more than 40 projects directly related to drug abuse problems. Some of these projects include—I will merely summarize just a few of those—the Kansas Bureau of Investigation Narcotics Section, the Wichita Council on Drug Abuse, the Topeka-Shawnee County drug abuse control program, the Wesley Methodist drug program, the State department of education's statewide education program, which I will refer to a little later, which has referred more than 500,000 students and citizens in our State, and a project entitled "the Bridge," a community treatment program in Sedgwick County, as well as the active program efforts of the Governor's Advisory Commission on Alcoholism; as well as the many law enforcement projects in the law enforcement-narcotics area, as well as a project from your friend John Montgomery's hometown, which is one of our most recent projects, called the Alternative, under which 13 addicts are receiving treatment and rehabilitation measures.

Beneath each program provided to the citizens of Kansas lies a challenge of financing that program. We have been successful in receiving a great deal of Federal Government assistance. We appreciate this. More than 19 Federal departments and agencies are engaged in non-law-enforcement aspects of drug abuse prevention. We intend to coordinate our efforts at the State level to take advantage of all of the funding resources available to Kansas.

On Monday, at the third annual drug conference, Governor Docking announced the establishment of a special Kansas Drug Abuse Commission to seek the necessary funds for Kansas drug abuse authority. This commission will work closely with the Special Action Office for Drug Abuse Prevention established by President Nixon under Executive order last year, and by Congress this year.

Our Kansas commission will coordinate our efforts in obtaining further assistance to continue our drug abuse programs. Our Kansas commission will assist us in developing future strategy to wage war on drug abuse in Kansas, and I am sure the members of this commission, as well as our officers and other agencies, will be most happy to cooperate with your committee.

One of the most important functions of the new Kansas Drug Abuse Commission will be to expand and strengthen our drug education projects in Kansas. We are convinced the future of the country is endangered if we do not provide the necessary resources to take whatever action is necessary to reach our young people at the elementary and high school level, and inform them of the tragedies of drug abuse. We must not scare them into submission by providing horror stories and half-truths, but we must instead provide them with the true facts in a professional way.

It is imperative that the educators in our school systems be properly trained in drug abuse eductaion. We have placed great emphasis on the State department of education and I would like to share with you the key role they are playing in preventive education programs.

The State department of education has developed a pyramiding system of local education teams throughout our State. The State coordinator and local citizens received 1 month of specialized training in Wisconsin. Upon their return to Kansas, these coordinators trained 210 individuals from 14 communities, in a 1-week intensive training seminar in Topeka. The 210 individuals returned to their local communities and conducted a 2-day seminar for 3,000 new citizens.

Through this effort, 400,000 students had trained supervision from their local area in drug abuse.

In 1971 the process was continued wtih 19 community teams from second- and third-class communities. Each three-member team received an intensive 2-week workshop. Each of these 19 community teams returned and conducted inservice continuing training for 36 individuals from their own community. Each of these communities developed their own seminars and the State conducted six regional, 2-day, follow-up seminars to assist the local efforts.

Those 19 communities represented 70,000 students in grades kindergarten through the 12th grade.

This year, at the State level, we had 33 teams from the smaller communities below the second-class cities, which included every parochial district. They attended a 2-week intensive seminar and college credits were available. These teams returned to develop a task force of 12 additional members in their hometowns.

These communities have an enrollment of more than 38,000 students in kindergarten through grade 12. The State will provide a 1-day seminar in each of these towns. Plans are underway for 30 additional communities to receive 1-week intensive community training at the State level. It is an effort to reach students with facts which are presented by those who themselves have undergone extensive training. We are continuing this effort of preventive education.

I am extremely pleased that you have come to Kansas. We are proud of the efforts that we have made, but we are keenly aware of the necessity to continue our efforts to assure that all available resources are applied to the drug abuse program.

We hope that Congress will continue to favor the State of Kansas and other States with the kind of financial support that will be necessary to make these educational programs as well as the enforcement programs ongoing ones, improved ones, which will reach our citizens and help us tackle this problem which most regional people believe will be with us, unfortunately, for too long a time.

It is my privilege to appear before this panel of distinguished Congressmen. We wish you well in your hearings and hope you enjoy your stay in Kansas and the Greater Kansas area.

Chairman **Pepper**. Thank you very much.

Any questions?

Mr. Ivan, we thank you very much for coming. Please express our thanks to the Governor for permitting you to come here and make your excellent statement, and give my personal greetings to the Governor and to John Montgomery.

Mr. IVAN. Thank you very much.

(Mr. Ivan's prepared statement follows:)

Prepared Statement of John Ivan, Administrative Assistant to Hon. Robert Docking, Governor, State of Kansas

I welcome the opportunity to appear before your subcommittee. I welcome your visit to the state of Kansas.

Your advance staff has been provided with information from many of our agencies and several of our existing drug programs.

It is unfortunate that your schedule did not permit your attendance at the Third Annual Governor's Drug Education Conference which was conducted earlier this week in Kansas City, Kansas. At this conference more than 400 local citizens were trained in the latest information on our war against drug abuse in Kansas. More than 50 communities sent five-member teams to this conference. They were assisted in developing the local community's plan of action in combating this problem.

We have been actively engaged in fighting drug abuse in Kansas for more than four years. We are taking steps to head off the expansion of drug abuse in Kansas. Our Attorney General has been extremely active in enforcing drug violations and from a total of 1,418 arrests in 1970 has increased this figure more than 55 per cent to a total of 2,543 in 1971.

Wide ranging projects were begun to educate the citizens of our state about the facts and fantasies of drugs and drug abuse; treatment centers and counseling centers for drug users were established, while at the same time we worked to improve the law enforcement agencies' ability to combat this criminal activity.

By the end of 1971, the Governor's Committee on Criminal Administration has provided nearly $1 million for drug abuse projects; and the LEAA had provided an additional $132,000 in drug abuse projects for Kansas.

This year we have provided another $471,600 for projects to continue to wage our war against drug abuse.

To date, the Docking administration's criminal administration agency has awarded funds for more than 40 projects directly related to drug abuse problems. Some of these projects include:

1. The Kansas Bureau of Investigation Narcotics Section, established in 1970, has been the major drug abuse law enforcement unit in the state.
2. The Wichita Council on Drug Abuse is an active prevention and education program in Wichita.
3. The Topeka-Shawnee County Drug Abuse Control Program, operated by the Mental Health Department in Topeka, is active in the areas of education and treatment.
4. The Wesley Medical Center Methadone Maintenance Program is a successful treatment and rehabilitation program. This project has assisted more than 140 heroin addicts. There are currently 40 addicts in the program.
5. Our State Department of Education has reached more than 500,000 students and citizens in the department's statewide education program.
6. The Sedgwick County project entitled, "The Bridge," is a community treatment and counseling program.
8. The Governor's Advisory Commission on Alcoholism initially was established with the aid of a grant to treat, control and prevent alcoholism.
9. Another project in the law enforcement area is a special narcotics unit in the Johnson County Sheriff's Office.
10. One of our most recent projects is a treatment and counseling project in Junction City called, "The Alternative". The program has 13 addicts under treatment.

But beneath each program we provide our state's citizens, lies the challenge of financing that program. We have been successful in receiving a great deal of federal government assistance. More than 19 federal departments and agencies are engaged in non-law enforcement aspects of drug abuse prevention. We intend to coordinate our efforts at the state level to take advantage of all the funding resources available to Kansas City.

On Monday, at the Third Annual Drug Conference, Governor Docking announced the establishment of a special Kansas Drug Abuse Commission to seek the necessary funds for a Kansas Drug Abuse Authority. This commission will work closely with the Special Action Office for Drug Abuse Prevention established by President Nixon under executive order last year and by Congress this year.

Our Kansas commission will coordinate our efforts in obtaining further assistance to continue our drug abuse programs.

Our Kansas commission will assist us in developing future strategy to wage war on drug abuse in Kansas.

One of the most important functions of the new Kansas Drug Abuse Commission will be to expand and strengthen our drug education projects in the state. We are convinced the future of the country is endangered if we do not provide the necessary resources to take whatever action is necessary to reach our young people at the elementary and high school level and inform them of the tragedies of drug abuse. We must not scare them into submission by providing horror stories and half truths but we must instead, provide them with the true facts in a professional way.

It is imperative that the educators in our school system be properly trained in drug abuse education. We have placed great emphasis on the State Department of Education and I would like to share with you the key role they are playing in preventive education.

The State Department of Education has developed a pyramiding system of local education teams throughout our state. The state coordinators and local citizens received one month of specialized training in Wisconsin. Upon their return to Kansas, these coordinators trained 210 individuals from 14 communities in a one week intensive training seminar.

The 210 individuals returned to their local communities and conducted a two day seminar for 3,000 new citizens. Through this effort, 400,000 students had trained supervision from their local area in drug abuse.

In 1971, the process was continued with 19 community teams from second and third class communities. Each three member team received an intensive two week workshop. Each of these 19 community teams returned and conducted inservice, continuing training for 36 individuals from their own community. Each of these communities developed their own seminars and the state conducted six regional two day follow-up seminars to assist the local efforts. Those 19 communities represented 70,000 students in grades kindergarten through 12th grade.

This year at the state level we had 33 teams from the smaller communities below the second class cities which included every parochial district. They attended a two week intensive seminar and college credit was available. These teams returned to develop a task force of 12 additional members in their home town. These communities have an enrollment of more than 38,000 students in grades kindergarten through grade 12. The state will provide a one day follow-up seminar in each of these towns. Plans are underway for 30 additional communities to receive one week intensive training at the state level.

It is an effort to reach students with facts; which are presented by those who themselves have undergone extensive training. We are continuing this effort of preventive education.

I am extremely pleased that you have come to Kansas. We are proud of the efforts we have made but keenly aware of the necessity to continue our efforts to assure that all available resources are applied to the drug abuse program.

BODY OF PROPOSAL—STATUS AND ASSESSMENT OF THE 1970–71 PROJECT

A seven member state team participated in the National Leadership Training Institute at the University of Wisconsin. Upon return to Kansas, the team participated in the Governor's Conference on Drug Abuse. Three hundred community leaders and young people from across the state were in attendance at the three-day conference.

The state team conducted a four-day state wide leadership workshop for 14 regional teams. Each regional team consisted of 15 members which included a cross section of students, community people, and school personnel.

Each regional team returned to their area and conducted a two-day conference for local school-community teams. Every community, junior college, four year college, and other groups were asked to send representatives to the conference. Approximately 3,000 individuals participated in the conference. The groups were composed of ⅓ students, ⅓ adult lay people, and ⅓ school personnel.

The state leadership team members worked with each regional team prior to and during each conference.

The local teams were charged with the responsibility of conducting an awareness conference in their own district and community and to form a committee to evaluate local school curriculum and to suggest ways to improve the curriculum.

The state evaluation conference is being held May 7 and 8 to determine the effectiveness of the project and to make suggestions for the improvement of future conferences. Also, the list of resource people across our state will be updated and made available to local communities.

The State Education Project joined forces with the Governor's Committee, thereby pooling money and resources to make a more effective program and coverage of the state. The State Pharmacists Association cooperated with the project by devoting their winter seminars to the subject and participated in the State regional and local conferences. In many cases, they promoted local conferences in cooperation with the State Project.

The following are the Specific Objectives of the 1970–71 Project:

1. To stimulate school community action groups in a cooperative effort.
2. To provide reliable information concerning drug use and abuse.
3. To assist individuals in developing insights, skills, and techniques which are effective in dealing with attitudes, values, and problems of youth.
4. To initiate school community programs.
5. To supplement and/or compliment existing school community programs.

It is my opinion that each of the above specific objectives was accomplished. We are at the present time conducting a state wide survey to obtain information concerning local involvement. Early returns indicate that almost every community is involved in meeting the objectives of the project.

OBJECTIVES 1971–72

1. To establish pilot school-community centers representing a cross section of the state.
2. To provide in-depth in-service training programs for each pilot center.
3. To determine kinds of questions and concerns students, teachers, and community persons have.
4. To determine factual knowledge within each group; students, teachers, and community.
5. To determine change in attitudes within each group; students, teachers, and community.
6. To develop an interdiscipline Curriculum Guide each center.

PROGRAM TO ACHIEVE STATED OBJECTIVES

1. To establish 19 pilot school-community centers.
2. To select a leadership team from each center to be sent to a two-week Drug Abuse Education Workshop at the University of Kansas, Lawrence, Kansas. The leadership team will be composed of three members: a student, school personnel, and a community representative.
3. To select a task force within each pilot-school community center to work with the three member-leadership team in developing programs within the school and community. The task force will be composed of 12 students, 12 school personnel, and 12 community persons.
4. To provide in-depth in-service programs for the task force during the school year.
5. To pre-test post-test for factual as well as an assessment of attitudes, with instruments being developed.
6. To provide instructional materials with printed and audiovisual to each center.
7. To keep records on kinds of questions and concerns of students, K–12, teachers, and community persons express.
8. To develop within each school a K–12 interdiscipline program to prevent undue duplication.
9. To utilize local, state, and national resources in developing programs such as: State Department of Health, Mental Health Association, Governor's Committee on Criminal Administration, and universities and colleges.

10. To utilize a variety of techniques with school and community groups such as interaction groups, role playing, youth and adult rap sessions and peer group rap sessions.

11. To provide opportunity for interested groups throughout the state to visit ongoing school community programs in action.

EVALUATION

1. Pre-test post-test for factual knowledge and an attitudinal assessment.
2. Questionnaire to a sampling of students, teachers, and community persons to obtain their views as to the effectiveness of the program.
3. To compare number of arrests the past two years in each community to the 1971–72 school year.
4. To evaluate each method and technique used with various groups.

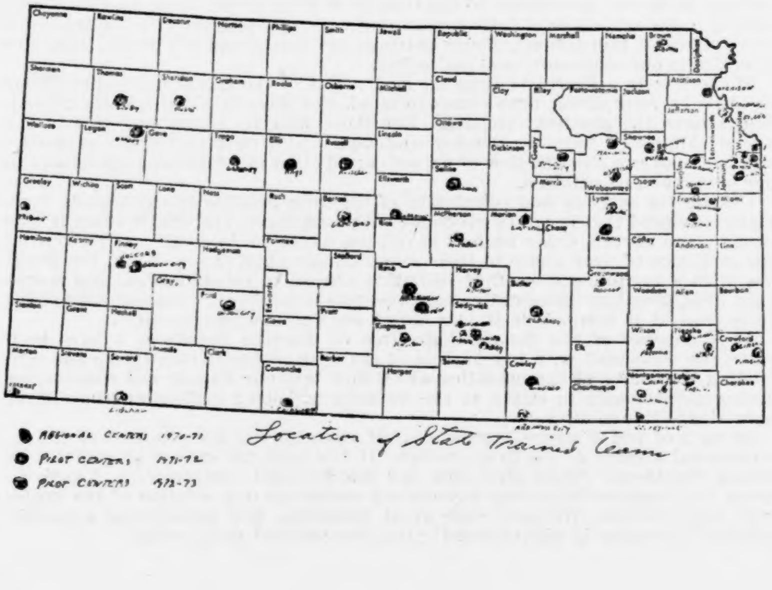
USE OF FINDINGS

The program described in this proposal would make the following contributions to be used in upgrading programs:

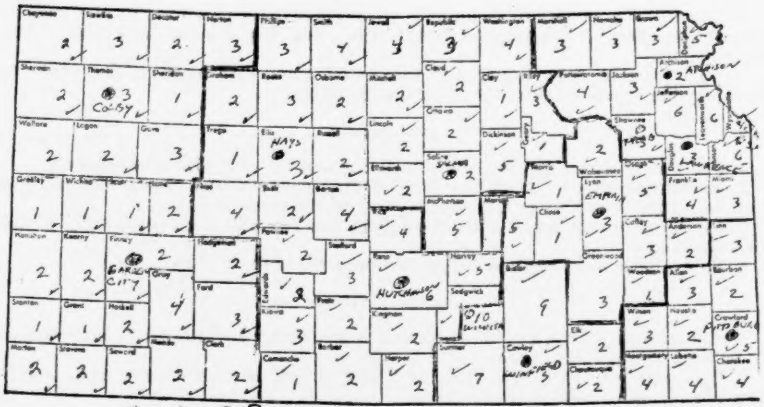
1. To compile a list of questions and concerns students, teachers, and community persons have at each level.
2. To determine the effectiveness of school-community programs.
3. Data and information concerning the pilot school-community centers will be collected and disseminated to schools and communities so as to share the information for future efforts.

Summary of participation in State and Regional Workshops. First year (1970).

260 Public School Districts.
5 Parochial School Districts.
20 Two year and junior colleges.
22 Four year colleges and universities.
7 Vocational Tech. Schools.
1 Kansas Vocational Tech. School.
1 Girls Industrial School.
1 Boys Industrial School.
1 St. Francis Boys Home.
3 State Hospitals.


Cheyenne
Rawlins
Decatur
Norton
Phillips
Smith
Jewell
Republic
Washington
Marshall
Nemaha
Brown
Doniphan
Sherman
Thomas
Sheridan
Graham
Rooks
Osborne
Mitchell
Cloud
Clay
Riley
Pottawatomie
Jackson
Atchison
Jefferson
Leavenworth
Wyandotte
Wallace
Logan
Gove
Trego
Ellis
Russell
Lincoln
Ottawa
Dickinson
Geary
Wabaunsee
Shawnee
Douglas
Johnson
Greeley
Wichita
Scott
Lane
Ness
Rush
Barton
Ellsworth
Saline
Morris
Osage
Franklin
Miami
Rice
McPherson
Marion
Chase
Lyon
Hamilton
Kearny
Finney
Hodgeman
Pawnee
Stafford
Coffey
Anderson
Linn
Gray
Ford
Edwards
Reno
Harvey
Butler
Greenwood
Woodson
Allen
Bourbon
Stanton
Grant
Haskell
Kiowa
Pratt
Kingman
Sedgwick
Wilson
Neosho
Crawford
Morton
Stevens
Seward
Meade
Clark
Comanche
Barber
Harper
Sumner
Cowley
Elk
Chautauqua
Montgomery
Labette
Cherokee
Liberal
Arkansas City
Regional Centers 1970-71
Pilot Centers 1971-72
Pilot Centers 1972-73

Location of State Trained Team



Number of Regional Trained Teams 1970

Chairman PEPPER. We also have an excellent statement from one of the distinguished U.S. Senators from Kansas, Senator James B. Pearson. I will ask that the statement of Senator Pearson be incorporated in full in the record.

(The following statement was received for the record:)

PREPARED STATEMENT BY HON. JAMES B. PEARSON, A U.S. SENATOR FROM THE STATE OF KANSAS

Mr. Chairman, I want to commend you and the Select Committee on Crime for holding these hearings in Kansas City on this critical problem. You have enabled those who are closest to the tragedy of drug abuse, those who must deal with it in the schools on a daily basis, to provide the Congress with the benefit of their views on this subject. These hearings are timely and important. They are a service to our community and our nation.

If there is an evil greater than the destruction of the minds and bodies of our children by drug abuse, none comes to mind. For these children and their families, I have the greatest sympathy. For those who distribute narcotics to our school children, I have the deepest contempt. Unfortunately, neither sympathy nor contempt can stop the flow of narcotics and other mind altering substances to our nation and its children.

Despite the severity and complexity of the drug problem in our schools, I remain convinced that it can be overcome with a balanced, systematic effort in this country and abroad. Other nations have been successful in significantly reducing the incidence of drug abuse in their schools, homes and cities. Japan, for example, with a comprehensive effort including education, rehabilitation, and toughened drug laws has successfully controlled two separate outbreaks of drug abuse since the end of World War II. Our nation can and must do the same.

As a member of the Senate Committee on Foreign Relations, I have been especially concerned with two aspects of the drug problem: identifying and controlling the source of the narcotics which flow into our schools and cooperation among governments to strike at the international drug traffickers who deliver narcotics to this country.

As each of you is aware, a great deal of attention has been focused on the international aspects of the drug problem. It has been the subject of conferences among Presidents, Prime Ministers, and international organizations. I have no doubt that cooperation among nations can contribute to a solution of the worldwide drug problem. We have made great diplomatic, law enforcement and technological advances in efforts to deter the international drug traffic.

The Senate Foreign Relations Committee has considered legislation to terminate foreign assistance to nations not cooperating with our drug control efforts, it recommended a measure to create positive incentives for foreign opium growers to shift to other crops and it has approved international drug agreements.

I was most encouraged to hear President Nixon's September 18 statement to the International Narcotics Control Conference at the State Department in which he said, "I consider keeping dangerous drugs out of the United States just as important as keeping armed enemy forces from landing in the United States." The President then warned that, "Any government whose leaders participate in or protect the activities of those who contribute to our drug problem should know that the President of the United States is required by statute to suspend all American economic and miliary assistance to such a regime and I shall not hesitate to comply with that law where there are any violations."

I want to take this opportunity to urge the President to act on that statement with dispatch, to treat the international narcotics traffic as a top-priority issue of foreign policy and utilize every means at his disposal, including the withholding of aid, to combat the international drug traffic.

As vital as our diplomatic and other international activities are, I must make a basic point: the source of the problem is not in the poppy fields of Asia or the Middle East; rather, it is the demand for narcotics and hallucinogenic substances in our own nation, in our own schools.

In the words of a recent Foreign Relations Committee report: "It would be the worst kind of tragedy to fall prey to the illusion that we can somehow, by an energetic application of the tools of diplomacy and international crime-fighting, defeat the problem of heroin. For our efforts will almost inevitably, by the very nature of things, impinge only to a degree upon the systems of illicit traffic which operates in stealth. . . . Every classified document available to this committee—and common sense as well—indicates that, for as long as a profitable economic demand emanates from this country, traffickers will be able to supply it."

We find, then, that the primary burden of combatting the drug problem in our schools falls on the parents, school administrators, educators, law enforcement agencies, drug treatment centers and the children themselves. At home and abroad, the federal government can aid us in this fight, but the point I want to make today is that the struggle will be won or lost right here in the homes and schools of Kansas City and thousands of places like it across our nation.

Chairman PEPPER. I wish to thank publicly Judge Brown of the U.S. District Court, at the invitation of Mr. Winn, for having made available to our committee for the purpose of this hearing, this very attractive and very commodious courtroom.

Mr. Counsel, will you call the next witness?

Mr. PHILLIPS. Yes, Mr. Chairman.

The first group of witnesses is a panel of youths and young adults from the Kansas City area. The names are Kelly, Greg, Martin, Roz, and Marcia.

Would you youngsters come forward and take these seats.

Chairman PEPPER. We are very glad to have you fine young people with us today.

We appreciate your coming.

Mr. Counsel, go right ahead.

STATEMENTS OF KELLY, ROZ, MARCIA, GREG, AND MARTIN, STUDENTS, DRUG INTERVENTION GROUP, OLATHE, KANS.

Mr. PHILLIPS. Perhaps we might start with you, Kelly. Tell us how old you are.

KELLY. I am 21 right now.

Mr. PHILLIPS. Have you lived in Kansas all of your life?

KELLY. No, I haven't lived here all of my life. I went to school here from the fifth grade until the ninth grade and came back for my senior year of high school. I am presently attending Johnson County Community College.

Mr. PHILLIPS. What high school did you attend in Kansas?

KELLY. Shawnee Mission South.

Mr. PHILLIPS. That is a large high school; is that correct?

KELLY. Yes. At the time I was there, I think it had about 3,000 students.

Mr. PHILLIPS. Tell us, if you can, in the best way you know, what the drug situation was when you attended that school.

KELLY. At the time I was there the drugs were first starting to come into the school, at least that is the way it appeared to me, from my viewpoint. I became aware of it through friends that I had when I lived in Kansas originally and that I got together with when I moved back to Kansas. They had started using drugs during the 2 years I was gone. At first there was a relatively small number. And as time went on they started me using drugs and then about a year I was in high school, I saw it increase from maybe a dozen or two people I knew to probably several hundred people.

Mr. PHILLIPS. In a very short period of time the amount of drugs that were available in that school increased rapidly; is that correct?

KELLY. Yes, sir.

Mr. PHILLIPS. Could you tell us what drugs were available in the school?

KELLY. At that time, the main drugs were marihuana, amphetamines, and LSD.

Mr. PHILLIPS. Where were they bought and sold?

KELLY. Either in school or on the way to school, after school; mainly revolving around the school.

Mr. PHILLIPS. You say that some friends of yours actually turned you on, I think is the word you use.

KELLY. Yes.

Mr. PHILLIPS. They got you involved in drugs. How do they do that and why did you get involved?

KELLY. I had just moved back to the Kansas City area the day before school started and I got together with a group of my old friends. As it turned out, it just happened the four people I got together with had all been using drugs and they offered me some marihuana. Up to that time I had no idea, knew nothing about drugs whatsoever, never run into it. And simply because they asked me to do it, I sat down and smoked with them.

Mr. PHILLIPS. Did you get involved more seriously with drugs thereafter?

KELLY. Yes. I went through a rapid succession of drugs, going from marihuana at that time to using speed, and to using LSD, and then later on to using just a wide range of drugs.

Mr. PHILLIPS. Tell us how that affected your school, how it affected you.

KELLY. During that year of high school was the best year of high school I had. I kept a "B" average in school. I was taking a full load in school. Things really went quite well for me that year at school.

Mr. PHILLIPS. Did your family know about the drugs you were involved with?

Kelly. No. I was doing drugs fairly regularly for about a year and a half before my parents became aware anything was really happening.

Mr. **Phillips.** How did you conceal it from them, or did you? They were just unaware of it?

Kelly. There really wasn't too much need to conceal it because they never suspected it. There was no reason they should think it was going on. If they caught me in some sort of strange situation due to my drug usage, I could usually pass it off as a fact I was very tired or that I had been drinking or, you know, that I was just emotionally upset, or something like that.

Mr. **Phillips.** The number of drugs that you mentioned, the ones that you took, did you buy those at school?

Kelly. Yes. Almost all of my connections for getting drugs were made through school.

Mr. **Phillips.** What type of youngsters are selling drugs in school? How would you describe them?

Kelly. Well, I will give you the description of the four people who were responsible for my starting to use drugs. Two of them were long-haired musicians, which I think is probably society's view of the middle-class American who uses drugs. One of them has just recently gotten his master's degree in political science from K.U., and has received his commission in the U.S. Army.

Another one is working as a laborer, doing common jobs here in Kansas City.

Mr. **Phillips.** So there were a variety of people who were selling drugs in your school, from the long haired to the short haired.

Kelly. Yes. If you were to see the group that got together, there was no way you could possibly see any connection between the group and the five of us.

Mr. **Phillips.** Could you tell us what the teacher reaction was to your using drugs, if any?

Kelly. For the most part, the teachers didn't really know anything was going on. There was a lot of drug usage in the school at that time. It was hard to tell whether the teachers were just really ignorant of what was going on, or whether they chose not to do anything about it, were inclined to turn their backs on it.

There were people coming into school so heavily intoxicated by drugs that they couldn't operate at all. People were doing massive amounts of drugs in the parking lots before school and coming in, just sort of sitting in class, hopefully not falling out of their chairs. Hopefully being able to talk if someone called on them.

Mr. **Phillips.** In other words, they would go into school stoned and the teachers would ignore it, or just do nothing about it?

Kelly. Yes.

Mr. **Phillips.** When you are heavily into speed, you even have trouble speaking; is that correct?

Kelly. Yes. I can think of instances in school where I was in the situation of having to talk to a teacher, particularly like in a drama class, where I had to perform in the class. There was no way I could do anything in the class. All I was capable of doing was just sort of staring off into space at that point.

And the teacher commented on my condition and then just passed it by.

Mr. PHILLIPS. What did the teacher say, essentially, when commenting on your condition?

KELLY. Asked me, walked up and asked me what was going on that I was acting so strange. I don't remember what my reply was. I just made something up and the teacher forgot about it.

Mr. PHILLIPS. I will get back to you later, Kelly. Thank you.

Mr. PHILLIPS. Roz, perhaps you could tell me how old you are?

Roz. 17.

Mr. PHILLIPS. And you are presently attending school?

Roz. Yes.

Mr. PHILLIPS. What school are you attending?

Roz. Shawnee Mission West.

Mr. PHILLIPS. Could you tell us what the conditions are in relation to drug availability at that school now?

Roz. Well, it is readily available. Pretty much like you say, at least half of the school uses. You can get it anywhere in the halls, before or after school.

On the streets, in front of the school or after school.

Mr. PHILLIPS. What drugs are available at Shawnee Mission West?

Roz. Grass, hash, speed, downers, cocaine, and sometimes smack.

Mr. PHILLIPS. You say cocaine and sometimes smack? Smack is the street name for heroin; is that correct?

Roz. Right.

Mr. PHILLIPS. And occasionally large shipments, or at least large amounts, of those things arrive on campus; do they not?

Roz. Yes.

Mr. PHILLIPS. Recently a large amount of cocaine, I think, came to your school. Could you tell the committee how that arrived and what happened to it?

Roz. Well, when it does come into town, it is just generally spread all over Kansas City, and sometimes it gets into the suburbs and it will get into the schools like in the large parties, and at the beginning of the school, you can possibly buy it in the middle of the day.

Mr. PHILLIPS. In other words, it would be a large amount of drugs really bought up very rapidly right in the school, either in the morning or part of one day; is that correct?

Roz. Yes.

Mr. PHILLIPS. That would be true of cocaine, speed, or any of the drugs that you have mentioned?

Roz. Yes.

Mr. PHILLIPS. You said, I think, more than 50 percent of the youngsters in that school are into drugs; is that correct?

Roz. I can't really speak for the whole school, but from what I have observed, I believe it to be about 50 percent.

Mr. PHILLIPS. How many youngsters in that school would you say are dealing with drugs?

Roz. About 25 percent out of the 50 percent.

Mr. PHILLIPS. In other words, half of the users are also sellers; is that correct?

Roz. Not all. Well, close to half of the users get into selling because they can make either a profit off of it or give it to their friends.

Mr. Phillips. Did you get involved with drugs, yourself?

Roz. Yes.

Mr. Phillips. Could you tell us where you bought and sold?

Roz. I mainly got into it when I was in junior high school, down in the junior high school in Shawnee Mission District, also. There weren't that many people then who were using drugs that I knew in the school, not very many. It didn't happen very much, but it did, they pretty much got together. Not too many people were aware of it.

Mr. Phillips. In other words, when you started junior high school there weren't that many youngsters involved and there weren't too many people aware of it?

Roz. Right.

Mr. Phillips. And when you got to high school, was there a different scene?

Roz. Totally different, because then people were getting into it more and more. It was being publicized more and more. They kind of got into groups and just kind of expanded.

Mr. Phillips. Has it been expanding all of the time you have been in high school?

Roz. Yes.

Mr. Winn. Where did you go to junior high?

Roz. I went to two junior highs. Lincoln Junior High School and Indian Creek Junior High School.

Mr. Phillips. Of the youngsters you see using drugs, are they the ones failing in school, the ones succeeding in schools, or the ones who are with sports, athletics? Just describe the group of people you see in school using drugs.

Roz. Well, it is pretty hard to generalize. Like I say, it has expanded to people that were not—some people that were not doing so well in school were doing it, and people who were doing extremely well in school were doing it, and I found that this kind of surprised me, there were some people who were athletically inclined who you wouldn't think would be getting into it, but it was really hard to just categorize all of these people.

Mr. Phillips. In other words, it is a pretty broad variety of youngsters who are into it. Could you tell us what drugs were available in your school and what the prices might be for the drugs you are aware of?

Roz. Well, you could buy it in large quantities and you could buy grass in large quantities, buy hash in large quantities. You could buy grass by lids, which is one ounce, $15. You could buy quarter ounces of hash. You could buy grounds of hash. Grounds were good for $7 or $8. And quarter ounces may range from $25, $35, or $30. You can buys lots of speed, like $50 lots, $100 lots, in that range. I don't really have any idea how much that was going for.

Mr. Phillips. You say speed, meaning amphetamines?

Roz. Right.

Mr. Phillips. Were they popular among any specific group of youngsters at the school?

Roz. Well, they were popular to a lot of different types of people. Nevertheless, it was very popular.

Mr. Phillips. How about boys and girls; are they equally into it or more boys or less by sex?

Roz. I can't really say.

Mr. Phillips. Would you say it is about equal, both boys and girls?

Roz. Yes.

Mr. Phillips. Roz, I am going to come back to you. In the meantime I am going to go to Marcia.

Mr. Phillips. You are a late arrival today. Could you tell us how old you are, Marcia?

Marcia. I am 18 years old.

Mr. Phillips. Have you lived here in Kansas all of your life?

Marcia. I lived here in Kansas City, Kans., for approximately all of my life, except for the last year or so I lived in Missouri, besides traveling.

Mr. Phillips. Could you tell us what schools you have gone to here in the Kansas City area?

Marcia. I have gone to Shawnee Mission North and gone to the Kansas City Art Institute, and also the Johnson County Community College.

Mr. Phillips. Tell us how you saw the drug scene at Shawnee Mission North.

Marcia. Well, it was readily available as far as I am concerned. If you couldn't get it in school, you could make a time to meet someone to get it out of school, almost any type of drug you wanted.

Mr. Phillips. What percentage of the youngsters were involved: what percentage of the school body would be into drugs?

Marcia. I believe when I was in school that 50 percent were using some sort of drugs, or more, by now.

Mr. Phillips. It seems to be getting worse?

Marcia. It seems to be growing, the use of drugs.

Mr. Phillips. Could you tell us what particular drugs were available in your school?

Marcia. Well, as in most schools, grass and hash, and also speed and barbiturates, and lately a lot of cocaine has been coming in in increasing amounts. People are using it there. Also, a very few people, but there are some that do use smack and things of that nature.

Mr. Phillips. Is this just everywhere?

Marcia. You could probably get it all over the place in schools.

Mr. Phillips. Do sales readily go on, deals go right on in the hallways, cafeterias, and places like that?

Marcia. Yes.

Mr. Phillips. That is every day?

Marcia. Oh, I don't know about every day. But probably you can speak to someone about making connections and get it the next day or so, whenever something comes in. Make plans for arrivals.

Mr. Phillips. Did you find any students in your school actually shooting drugs?

Marcia. There were a few, not very many. Maybe 5 percent or less.

Mr. Phillips. Most of them were dropping drugs?

Marcia. Or snorting cocaine.

Mr. Phillips. Or taking pills?

Marcia. Mostly they didn't get into shooting until after they were out of high school, most of them.

Mr. Winn. Marcia, since you have been over at the art institute, do you think that there is a great connection between the pushers and the sellers or is there any difference between the pushers and the sellers on the Missouri side that has had the recent publicity, compared to what is available on the Kansas side?

Marcia. I don't know about connecting it with the art institute directly.

Mr. Winn. I am sorry, I didn't mean to do that.

Marcia. But I feel from living in Kansas City, most of it does come from the Missouri side. A lot of the harder drugs from St. Louis to Kansas City, Mo., and then they filter through into the suburbs and sometimes there are direct things that do go directly into the suburbs.

Mr. Winn. Of the harder drugs that are alleged to go through Missouri from St. Louis, do you believe those are the same ones that go to KU? Have you heard of any connection?

Marcia. I think, as far as I know—I don't feel that I can talk too much about KU, because I haven't been there—but some things have been coming from Denver, as far as I am concerned.

Mr. Winn. Denver?

Marcia. Yes.

Mr. Winn. Thank you.

Mr. Phillips. What type of youngster is dealing with drugs in school?

Marcia. Any type.

Mr. Phillips. Any type; anyone who is using, is almost a seller?

Marcia. Well, if it is not selling, it is giving it away.

Mr. Phillips. One of the things I think you mentioned to me was the practice of giving drugs to girls as part of a date.

Marcia. A lot of times the girls don't have to pay the price for something because of the dating, just like dinners and shows. It is included along with them.

Mr. Phillips. Tell us what you view as the teachers' reaction to the drug scene?

Marcia. Well, I don't feel that too many really realized it at some point, and others did, and they were strict within the classroom. They didn't let any activity at all go on, conversing, or whatever. I don't know if that had anything to do with the drug usage, but others didn't seem to be [illegible] concerned about it.

Mr. Phillips. Is the drug scene at the art institute is any different than it was in high school?

Marcia. I think they are careful. I think they are not as loose and they know more what to do with themselves and I feel that they aren't taking just at random anything that is given to them, as being mescaline or another type of drug turning up to be like animal tranquilizers. I think they know more and are more informed, so they don't poison themselves without realizing what they are taking.

Mr. Phillips. Are they into heavier drugs than high school?

Marcia. I think they are almost on the campus. College would be.

Mr. Phillips. Could you tell us whether or not heroin or cocaine are available at the art institute?

Marcia. I haven't had any direct contact with it, myself, but it probably is.

Mr. Phillips. Could you tell us whether large amounts of drugs were available in high schools here?

MARCIA. Yes. Mostly downers, grass, hash, and different things.

Mr. PHILLIPS. How about large amounts of amphetamines?

MARCIA. Oh, yes. They are available, too.

Mr. PHILLIPS. Did you have any education in school concerning drugs?

MARCIA. We had different films and I feel they were mostly superficial. They didn't show it as it was, and I feel that most of the education wasn't very well sponsored, at all. I think, if they are going to have any effect at all, they should try to plan something that would be a little better top quality presentation than has been in the past.

Mr. PHILLIPS. I think you told us about the "Drug Awareness Day" conducted in the Johnson County Schools.

MARCIA. Yes.

Mr. PHILLIPS. Could you tell the committee about the reactions of "Drug Awareness Day" on behalf of the student body in any of these schools?

MARCIA. Well, most of them didn't take it too seriously. I feel that the people that did sponsor it were trying the best that they could to give the students something to draw off, like people that had used drugs before and just a variety, medical staff, and then a lot of the people that went there just had it as a day to get stoned and go to the "Drug Awareness Day."

Mr. PHILLIPS. So there was a lot of discussion about getting stoned to go to "Drug Awareness Day"?

MARCIA. Yes.

Mr. PHILLIPS. And many people showed up for the program stoned; is that correct?

MARCIA. Not the people necessarily themselves, but the students that were reviewing it.

Mr. PHILLIPS. Perhaps, Greg, you could tell us about your particular situation. You went to a Kansas City, Mo., school; is that correct?

GREG. Right.

Mr. PHILLIPS. How old are you now?

GREG. 17.

Mr. PHILLIPS. What was the scene in your particular high school and what high school that was?

GREG. Southwest High School.

Mr. PHILLIPS. Whereabouts in Kansas City, Mo.?

GREG. 63d and Warner Road.

Mr. PHILLIPS. How did you view the drug scene in that school?

GREG. I was there about a year and a half. When I first got to the school, approximately, I would say a third to one-half of the students were doing drugs, and they were doing a lot of cocaine and a lot of heroin, a lot of marihuana, and hashish, and LSD, and various hallucinogens.

Mr. PHILLIPS. Did the problem grow while you were there?

GREG. At the end of a year and a half, I would guess about 75 percent of the kids did drugs.

Mr. PHILLIPS. Give us your comments on the type of kids that were doing drugs.

GREG. All types. We had a number of football games where the team went out, all of them stoned.

Mr. STEIGER. How did they do?

GREG. They did fine. We won the championship twice.

Mr. PHILLIPS. What about the number of dealers that might be working in a school like that?

GREG. When I left, I would say about a third of the kids who did do drugs were dealing and what happens when people use drugs, they usually pass them on, and legally, I suppose that is dealing or having a transaction, so I would say all of the kids shared their drugs.

Mr. PHILLIPS. That is a common practice, to share the drugs you have with other people?

GREG. Yes.

Mr. PHILLIPS. Martin, I think you are the last one. How old are you?

MARTIN. I am 15.

Mr. PHILLIPS. What school do you go to?

MARTIN. Shawnee Mission North.

Mr. PHILLIPS. You just started, or how many years have you been there?

MARTIN. This is my first year there.

Mr. PHILLIPS. When did you first become aware of drugs in the schools?

MARTIN. In the eighth grade.

Mr. PHILLIPS. What was available in eighth grade?

MARTIN. Mainly just marihuana and hash and that was about it.

Mr. PHILLIPS. Were a small number of kids or a large number of kids involved?

MARTIN. A small amount.

Mr. PHILLIPS. Did you go on to high school?

MARTIN. Yes.

Mr. PHILLIPS. Junior high or high?

MARTIN. High.

Mr. PHILLIPS. When you went on to junior high, how old were you then?

MARTIN. I was about 13 in junior high.

Mr. PHILLIPS. Could you tell us whether the drug scene was the same in junior high?

MARTIN. There wasn't hardly anything in the junior high.

Mr. PHILLIPS. What happened when you finally got to high school?

MARTIN. I found out there was a large percentage of drugs and between 70 and 80 percent of the students do drugs at Shawnee Mission North.

Mr. PHILLIPS. Can you tell us what type of drugs they do?

MARTIN. Marihuana, hash, speed, acid, LSD, and I don't know, very small percentage of smack.

Mr. PHILLIPS. Could you go out and buy this stuff easily?

MARTIN. Yes.

Mr. PHILLIPS. No trouble at all?

MARTIN. No trouble at all.

Mr. PHILLIPS. Would you agree with the statement made, "pretty much every type of kid is into it"?

MARTIN. Yes.

Mr. PHILLIPS. Many kids are dealing as well as using?

Martin. Yes.

Mr. **Phillips.** Thank you.

I have no other questions at this time, Mr. Chairman.

Chairman **Pepper.** Mr. Mann.

Mr. **Mann.** Let's just take this question from right to left here.

Marcia, did you acquire drugs from anyone other than a fellow student?

Marcia. Yes.

Mr. **Mann.** What type of source was that?

Marcia. Outside of school, just people that I met that were friends of people I knew in school or just complete outsiders.

Mr. **Mann.** Were any of the ones you bought from really commercializing on it or were they just kind of accommodating you?

Marcia. Well, mostly accommodating me with them. Mostly giving me things. I usually didn't ever have to pay for anything I got.

Mr. **Mann.** Greg, did you acquire drugs from anyone other than a fellow student?

Greg. Yes.

Mr. **Mann.** Where?

Greg. In the Westport area, in Johnson County, pretty much both of those places; just those places.

Mr. **Mann.** From what type of place in general?

Greg. We would go over to a friend's apartment and they would have drugs and we would buy them there. Or we would go to the Sign Coffee House when it was opened.

Mr. **Mann.** A coffee house.

Roz, how about you: Did you ever buy any from anybody other than a student?

Roz. Yes.

Mr. **Mann.** What type of source?

Roz. Mainly Westport and Johnson County. There were certain places where people congregate.

Mr. **Mann.** Beer joints, hamburger joints?

Roz. Yes; restaurants and things like that.

Mr. **Mann.** The type of people that you acquired these from, were they much older or the same age group?

Roz. That varied. Generally, never over 20. Generally pretty much my own age.

Mr. **Mann.** Kelly, how about you?

Kelly. Well, I spent a semester at K.U. in a fraternity and at that time I was traveling around the country, procuring drugs and bringing them back to Kansas City. We were buying drugs from people who were—that was their livelihood, was the transportation of drugs and selling of drugs. A lot of them were older, middle aged, a lot of them were addicted to narcotics, and this was their livelihood.

We got drugs from people in various positions in cities. We got drugs from doctors, I received drugs from schoolteachers, from junior high school teachers. Just about every source I can imagine. Wherever you go, you know, you run into somebody who has got drugs they want to sell, whether it is a businessmen's convention or a group of students, or YMCA, Boy Scouts, whatever.

Mr. **Mann.** All right.

Martin, did you ever buy any from other than students?

Martin. Yes.

Mr. **Mann.** What source?

Martin. Like down at Volker Park in Westport in Johnson County. Around the Kansas City area.

Mr. **Mann.** From what type of establishments?

Martin. Well, all types. Restaurants, parks, plays, and football games. It is just about everywhere.

Mr. **Mann.** Other than the influence of your fellow students and it being the thing to do, what other reason did you have for taking drugs?

Martin. Well, just to relieve my mind or something; help me in school. I found out that I did better in school when I was stoned than when I was straight.

Mr. **Mann.** Did it make you just feel better in school, or did you think it improved your learning process?

Martin. It improved my—and I felt good all of the time.

Mr. **Mann.** What type of drug was that that caused that result?

Martin. Well, LSD and marihuana.

Mr. **Mann.** Kelly?

Kelly. I think I probably did drugs mostly for recreation, because it felt good and because it was fun.

Mr. **Mann.** Roz.

Roz. I didn't necessarily do it just because it was the thing to do. I am more or less in it because it was a real action, grass was.

Mr. **Mann.** Greg?

Greg. I think two reasons: One the same reason most people smoke cigarettes, so they can be seen with a cigarette when they first start smoking, and also like a cold beer on a warm afternoon. It is nice.

Mr. **Mann.** Marcia?

Marcia. Well, besides, when I was in high school taking drugs, it did improve my grades. In 10th grade I was doing very poor and it went up to B's and A's after doing approximately the same thing as someone else, I believe Martin said. And after that, it got me on the cycle where I could do it myself, without the use of them. And also some of the opiates and things, you can look at the great writers and artists in the past, and I feel that I can see their influence, you know, of their creations.

Mr. **Mann.** You mean you can interpret the abstract implications of those works?

Marcia. Not necessarily abstracts, but true feelings of things.

Mr. **Mann.** Now, you are not saying that is because history records that those artists were also taking drugs, are you?

Marcia. Some of them were. Some like Edgar Allan Poe, his writings were—he was mostly on opium at the time. Other artists in the past have taken things.

Mr. **Mann.** Does this tend to be an influence on you and on fellow artists in the community, that creative work seems to be enhanced by drugs?

Marcia. Not necessarily, You don't have to have them to see and feel the same thing that the artist probably did when he was inspired to paint something or write something, but it is just the feeling, it is a good feeling inside, a warmth and understanding of the person and their conception of beauty and how they portrayed it.

Mr. MANN. This is a very difficult question. I am just going to direct it to all of you. Do any of you—and I want to ask you to volunteer the answer if you have one—do any of you attribute your use of drugs, your desire to escape or relax or whatever, to any home situation that was unhappy? Any parent situation that was unsatisfactory? Any of you?

KELLY. I, for one, came from what I consider one of the best families I have seen, one of the closest families. The worst thing that ever happened to my family was my using drugs. That put a gap in the family, but before that there was nothing.

Mr. MANN. I assume the answer of all of you is: No?

GREG. No. At the time I was into a period, a number of years ago, 3 years ago, on heavy speed usage and at that time my home environment was very bad. I was living with just my father and it was a very unstimulating kind of environment.

Mr. MANN. Very what?

GREG. Unstimulating. Boring.

Mr. MANN. Thank you, Mr. Chairman.

Chairman PEPPER. Mr. Winn.

Mr. WINN. Thank you, Mr. Chairman.

To help the committee understand a little bit, the Shawnee Mission is a large school district with five big high schools, approximately 2,000 students each.

Southwest High School is on the Missouri side, at 65th and Warner and has about 1,700 students, I think.

There is, to my knowledge, quite a bit of comaraderie between the Shawnee Mission Schools and the Missouri schools. The Westport district is an older part of town. It is now frequented by a little bit of everybody and all income areas. I would say there are a lot of restaurants, beer joints, some of the hippie element, a little bit of everything, and higher income people go down there to some of the fine restaurants, too. So it is kind of unusual and kind of a tough thing to describe.

I would like to ask if boredom in school and probably not enough to do outside of school could be one of the main reasons for young people picking up drugs.

Do you think it is, Martin?

MARTIN. No.

Mr. WINN. Kelly?

KELLY. I don't know if it is boredom so much as sort of lack of purpose. Sometimes what you are doing can be interesting, but there is not much fulfillment out of it.

Mr. WINN. In your high schools, along that same line, I know several students with whom I am familiar, they go to school for a while and then they are out of class for awhile, and they go back to class.

We found this, also, Mr. Chairman, in San Francisco last weekend, and we found this was the time when the students would either stay around in the parking lot or go down to a park or drive-in somewhere, and buy and sell drugs.

Would this be true of any of our Shawnee Mission schools? I think it is.

Is it prevalent? I mean, is that part of the time they are purchasing, during the school hours?

MARTIN. Yes.

Mr. WINN. Then they go back to school and may or may not be on drugs, or they may be stoned in some cases?

MARTIN. Yes.

Mr. WINN. So the school curriculum is not a steady one. In other words, it doesn't take, particularly, as I understand it, seniors through the entire day, or even juniors and sophomores. I am not sure about that. So that they do have time on their hands. Whether that would be boredom or just too much freedom, it could be one of the reasons for the daily problem. Would you all agree or disagree?

MARCIA. I feel that the school system should have a complete turnaround of the way they present their material in the classroom-type studies. I feel that it is not necessarily boredom or too much free time. I think it is the pressure and the way you are brought about to learn things in the classroom. It is mostly a memorization, as far as I can remember when I was in high school, except for a few classes that were starting the new method of teaching. It was mostly just like memorization, like I said.

It is a lot of pressure on time and dates and people's names, and it is not an actual learning process. If the people want to learn, they will pick up something to read on their own, outside of class. I think they should be turned around.

Also, I feel that there needs to be more entertainment in Kansas City for the younger people, to get away from anything you might feel is boredom, free time.

Do you understand me? It seems like it is unclear.

Mr. WINN. Yes, we understand. I think the main reason we understand, Marcia, is because this is what we have heard in the other four cities. Basically the same thing. Some say boredom, some say the curriculum of the school is inconsistent. It is basically the same thing you are saying.

MARCIA. I think some of the drugs are used more for relieving of the pressure and tensions that are brought on in classrooms and also outside, even in the working situation on up.

Mr. WINN. You criticized the films, the drug education films, shown during "Drug Awareness Week"—and we kind of glimpsed some grins and smiles on your faces when we talked about "Drug Awareness Week." I got the idea you thought the whole thing was kind of a laugh because it wasn't presented well.

Was I wrong?

MARCIA. Well, some of the films misinformed students, I believe, on the effects of some of the drugs. I can't remember specifically at the moment what exactly it was, but it is more of a scare type of thing. It is brought on in a way to try to scare people and that isn't accepted well, at all.

Mr. WINN. We have had students say they thought that maybe those that are on drugs should be a part of the people that are making these films, because the filmmakers don't seem to know what they are talking about half of the time. They are not talking the language of those that are on drugs. Does that make sense to you?

MARCIA. Yes; and I think that they could probably interpret what the actions would be, and none of the misinformation or the misinterpretation of what you actually see or feel on certain drugs and when they get mixed up, as I have seen them presented.

Mr. WINN. If they didn't use the scare tactics—and I would like to hear from some of the rest of you on this—what type of drug education, either literature or films, would you suggest? What would you suggest from now on that the communities that are concerned can do to help make the younger people aware?

GREG. I think the first thing they could do is sit down with the students and ask them what they want and deal with their values. I think something the schools neglect is youth values. There was a chasm in my schools between the teachers' and administrators' values and youth values.

I think the second thing to do would be to start small groups. Instead of setting up teacher-student kind of format, set up an equal, for all people kind of format. The only thing I have ever seen in any kind of drug program, the only response I have ever seen from students to a drug program in schools, is apathy, because it is usually incorrect information.

Mr. WINN. I think part of your statement is very clear and I think today or tomorrow we are going to hear from people who are working in the drug rehabilitation areas that have been successful around here.

ROZ. Yes. When they had like the "Drug Awareness Week" and it was more or less a farce. It was kind of known to the other students, they generally did get bored to death with these kinds of things because it was kind of a laugh.

I am more with Greg. I think it should be an equal type thing instead of a type thing where you kind of put somebody up on a pedestal and say this is a drug user. They used the scare tactics and it didn't work and they still persisted and it still didn't work, and it got to the point where nobody listened. They didn't really try and ask the kids what exactly they wanted. They kind of used their own methods and how they felt the students would react and generally they were kind of wrong about it.

Mr. WINN. They had former users on the "Drug Awareness Week" committee, as I understand it.

ROZ. When I was in Indian Creek, that is when they had it. They had students from senior high schools that were pretty much straight and they said they were straight. They stated that they were like athletes and they wanted to come talk to us about not getting into drugs, and they felt they could get past and so could we.

I personally didn't see anybody or talk to anybody or hear anybody talk that was a user. I saw detectives stand up there pointing out that this was marihuana and this was amphetamines and these were the different types of paraphernalia you would use, and we pretty much knew all of that.

Mr. WINN. They were telling you things you all had known for several years.

Kelly, I think you had some ideas.

KELLY. Yes. It is pretty hard for a high school student sitting there in his high school auditorium to relate to a 45-year-old heroin addict who spent 15 years in prison and is out of prison today, especially to come speak to the school. I don't think there is any way they can see a connection between the drugs they are doing and what the person on the stage is talking about.

Mr. WINN. The results probably are not the same at that stage of the game, but the drugs in many cases are the same, different usage, I would say.

KELLY. Yes, sir. So when you go into one of those programs, you sit back, especially when they come on with scare tactics and the guy sitting next to you is stoned and they are showing you a film that says what he should be doing and his actions are totally different. It pretty much discredits the film and most of the material they are putting out.

Mr. WINN. Along another line, do you think we ought to have a drug abuse and drug awareness program for parents? I think you were the one who said for a year or year and a half your parents were not aware you were using drugs. And if they thought you were, you could pass it off, using the usual thing that young people do and are, which is tired frequently, and worn out, sleepy.

KELLY. Yes, sir. I think that is very important.

Mr. WINN. How should we proceed? This committee is trying to do something legislatively and recommend to communities how they can do something to make parents and students aware of the drug problem that is sweeping the Nation.

KELLY. My mother has been in programs of that sort and has been working with other parents in the program. I have been in the DIG program, the Drug Intervention Group here in Kansas City, and my mother has been working in part of the program called Adult Prevention Groups, and from my experience, I found this just, you know, really valuable. Because the worst thing that happened when they found out about the effects on my parents when they found out I was using drugs, was worse than the effects the drugs had had on me up to that time. You know that can be something horrible for a parent to have to go through.

For a parent to get an education in the true facts about drugs, about what goes on in the drug culture, about what they can expect from their child, that sort of education can save a lot of parents a lot of pain, a lot of hurt, and it can also really help their child when he is trying to get away from the drugs.

Mr. WINN. But, Kelly, if a young person is stoned half of every day, or all of every day, or part of every day, do you think they are really concerned about the reaction, how it might hurt their parents?

KELLY. Well, I think there is sort of a crossover point. I think most of the kids who are in high school using drugs probably don't have that serious a drug problem so far. They probably aren't addicted to a narcotic yet, they are just working into it. I think those kids probably have some sort of family ties still. They are probably somewhat concerned about what happens to their parents.

Mr. WINN. You went to K.U., though, and sociologists say when students go to college they then sort of automatically reach the breaking point, they are on their own, they are living away from home in many cases and, of course, it wouldn't be true at Johnson County Community College, but if you go away to school. What did you find up there as far as the drug problem at K.U.? Higher usage?

Kelly. The drug problem there was just pretty much beyond conception. I was living in a fraternity. I had a partnership with the president of my fraternity to buy and sell drugs. We were financed from the house treasury. We were traveling around, procuring drugs to bring back to the university campus. We were selling to fraternities, to sororities, to everyone on the campus. It was just pretty much unbelievable up there.

Mr. **Winn.** What you are saying, then, is that K.U., and probably at all other colleges, there is a concession, just like the concession for sandwiches in fraternities, sorority houses, or dorms, or the soft drink concession, and nowadays we have a drug concession in many of the organized houses and in the dorms?

Kelly. Yes, sir. Definitely.

Mr. **Winn.** What percentage of people at K.U. would you guess are using drugs or have used drugs.

Kelly. Again, I probably estimate three-quarters now. Out of our fraternity it was like probably 90 percent of our fraternity was using drugs.

Mr. **Winn.** And your fraternity was probably typical of all of the fraternities?

Kelly. Probably.

Mr. **Winn.** And the same percentage in the sororities, or a little less?

Kelly. Maybe a little less in the sororities. Maybe a little less in the dorms because it was harder to meet people in the dorm. You didn't have as much contact as you had in a fraternity setting. Maybe it took a little longer to get going there.

Mr. **Winn.** You are talking about people from all income brackets, all the way from low income to people that are working their way through school, to very high income areas?

Kelly. Yes, sir.

Mr. **Winn.** So the income bracket really doesn't have much to do with it, does it?

Kelly. Not at all.

Mr. **Winn.** And they all seem to find the money to make a purchase from you or the other concessionaires, or whatever you want to call yourselves?

Kelly. Yes, sir. If they can't get it by legal means, coercing their parents, or their job doesn't pay them enough, there are plenty of ways they can make money illegally.

Mr. **Winn.** And it wouldn't make any difference whether they were freshmen, juniors, sophomores, seniors, returning veterans; it wouldn't make much difference, would it?

Kelly. No, sir.

Mr. **Winn.** Thank you very much, Mr. Chairman.

Chairman **Pepper.** Mr. Steiger.

Mr. **Steiger.** Thank you, Mr. Chairman.

Kelly, when you were dealing in school, before you got to K.U., did you start dealing in junior high school?

Kelly. In high school.

Mr. **Steiger.** In high school. After you got rolling, what could you make a week dealing in drugs?

Kelly. That is a really hard question because at that point there wasn't——

Mr. Steiger. What was your best week, in your memory?

Kelly. On nights when there would be like a concert in Kansas City, we could come down and probably we could make maybe a $75 investment in drugs and maybe pull in $300 worth of profit, selling in front of a municipal auditorium or some place like that.

Mr. Steiger. How about in school?

Kelly. In the schools it took a little bit longer to sell drugs, but you could do it. You could sell it as fast as people could take them.

Mr. Steiger. Could you average $50 a day in school?

Kelly. I guess you could.

Mr. Steiger. Gross?

Kelly. Yes; I think you could if you——

Mr. Steiger. Did you?

Kelly. No, I didn't. I have friends who did, though.

Mr. Steiger. Would it be fair to say that you were taking in $400 or $500 a month, some kind of minimum, for your own expenses?

Kelly. I don't think I was because I was just selling enough to make the money to supply them. I was also going to school at the time.

Mr. Steiger. Was another student furnishing you with the stuff?

Kelly. Sometimes a student; sometimes not.

Mr. Steiger. You didn't have a regular source of supply?

Kelly. No, whoever got it in.

Mr. Steiger. So you would just go around to the various people. It was not well organized, as far as you were concerned?

Kelly. No, sir.

Mr. Steiger. How about when you and the fraternity president were collecting for the school, for the university customers, did you have a relatively regular source of supply or was it catch as catch can?

Kelly. There were probably half a dozen people and every one of them got it, usually some one of them had a supply of drugs.

Mr. Steiger. Half a dozen people on the campus or off?

Kelly. Maybe a couple on, mostly off.

Mr. Steiger. What kind of gross did you do after you got going in K.U., in dollars?

Kelly. We were bringing in a lot of money.

Mr. Steiger. Like what?

Kelly. Well, we were dealing in quantities of drugs like $500, like $500 worth of marihuana.

Mr. Steiger. If you made a $500 buy, what could you turn that into? How much money?

Kelly. Easily four or five times that. That is, if you wanted to get rid of it quick and are not willing to take any time.

Mr. Steiger. Did you always get it in bricks or have to put it up yourself?

Kelly. It pretty well varied, depending on who we got it from, what their source was.

Mr. Steiger. Have you been busted?

Kelly. No.

Mr. Steiger. You were never busted?

Kelly. No.

Mr. STEIGER. Really, you dealt for 3 or 4 years without being apprehended, obviously. Were there any busts in your high school?

KELLY. Yes; there were.

Mr. STEIGER. Did the police use undercover people in the school?

KELLY. I really don't know how they did it.

Mr. STEIGER. How about on K.U.? Were there any busted at K.U.?

KELLY. Yes, sir; quite a few.

Mr. STEIGER. You don't know how they did it, either?

KELLY. Some of those we definitely know were undercover agents.

Mr. STEIGER. Did you feel at any time that the jeopardy was real, that the game might not be worth a candle if you got busted?

KELLY. No; there was no comprehension of the fact I might actually get busted and sent to jail.

Mr. STEIGER. You didn't believe you could get busted?

KELLY. No.

Mr. STEIGER. Greg, you were busted; right?

GREG. Right.

Mr. STEIGER. How old were you when you were busted?

GREG. 14.

Mr. STEIGER. Were you convicted?

GREG. No, I wasn't.

Mr. STEIGER. Were you incarcerated at all?

GREG. I was a runaway at the time and I was arrested in a raid.

Mr. STEIGER. Where was that?

GREG. St. Louis. I was kept for about 5 weeks at a juvenile detention home.

Mr. STEIGER. That was 5 weeks awaiting trial?

GREG. Right.

Mr. STEIGER. You were 14?

GREG. Right.

Mr. STEIGER. How old were the other people in the detention home?

GREG. The youngest was about 8 and the oldest was about 17.

Mr. STEIGER. Did that scare you, bother you? Did it have any effect on you? Did you back off after that?

GREG. Yes. I quit. I got very evangelistic about quitting and quit for about a month.

Mr. STEIGER. Why did you quit; because of that experience?

GREG. To a small degree it was that experience. To a greater degree it was that I was reunited with my mother finally and there were a lot of commitments I made to her.

Mr. STEIGER. How long did you stay off of it?

GREG. About a month.

Mr. STEIGER. So, at least in your case, that was no cure?

GREG. No.

Mr. STEIGER. How about you, when you were dealing; how much money could you make?

GREG. I never got into dealing too much.

Mr. STEIGER. Never did deal?

GREG. No.

Mr. STEIGER. Do you feel that despite all of the mind-expanding language and all of the rationale, all of the social rationale, did it ever occur to you that somebody was making a lot of money on the fact you were using drugs, and regardless of your motive for using them, one of the motives for making them available was money? Has that ever occurred to you?

GREG. I didn't buy from those who were out to make a lot of profit.

Mr. STEIGER. Do you think you could make a distinction?

GREG. I only bought from friends and I knew them and I knew pretty much their motives. I could make the distinction; yes.

Mr. STEIGER. Well, how about the people the friends were buying from? Were they in it altruistically or were they trying to make money?

GREG. I had no idea.

Mr. STEIGER. It didn't occur to you?

GREG. No.

KELLY. Sir.

Mr. STEIGER. Yes.

KELLY. When I was into that there were like two kinds of drugs he talked about. He talked about like "Mafia dope." That is what it was referred to, the people who make a profit, and then there is what is known as "people dope," like marihuana harvested by kids and brought in and sold like that. There were two kinds. And people using knew kind of what they were.

Mr. STEIGER. I am aware of the distinction.

Did any of the others of you get into dealing as significantly as Kelly?

Roz, did you ever deal?

ROZ. No.

Mr. STEIGER. Did you, Marcia?

MARCIA. No.

Mr. STEIGER. Did you, young man?

MARTIN. During the summer, during last summer, I got into dealing, but not to any great extent.

Mr. STEIGER. Did you find it difficult to get enough volume to deal?

MARTIN. No. See, people would like funnel it to me, give me 50 heads of LSD to sell and I had to pay them like $1.50, $1.75 a head.

Mr. STEIGER. It was a consignment deal?

MARTIN. Yes. I could sell it for like $2.50 and I would make like 75 cents profit, and then usually I would just like sell 30 of them and keep the rest because that would be my half of the profit.

Mr. STEIGER. You did that all summer?

MARTIN. Well, during June and July.

Mr. STEIGER. Did you get busted?

MARTIN. No.

Mr. STEIGER. Did you worry about getting busted?

MARTIN. No.

Mr. STEIGER. Do you think you would stop if you got busted?

MARTIN. No.

Mr. STEIGER. What would your folks think if you got busted?

MARTIN. They would be very disappointed.

Mr. STEIGER. Do they know that you are a user? I guess they do now.

MARTIN. They do now. They knew that I was, and for the most part I have mainly cut down and I haven't been doing this much now.

Mr. STEIGER. Have you got any brothers or sisters?

MARTIN. Yes.

Mr. **Steiger**. Are they users?

Martin. No.

Mr. **Steiger**. Are they younger than you are?

Martin. No, they are older.

Mr. **Steiger**. Have you ever tried to talk them into using?

Martin. No.

Mr. **Steiger**. Have you ever tried to talk your folks into using?

Martin. No.

Mr. **Steiger**. Did you, Kelly?

Kelly. No.

Mr. **Steiger**. Did you ever suggest to your folks they use it?

Greg. Yes. I did.

Mr. **Steiger**. What was the reaction?

Greg. "No."

Mr. **Steiger**. Roz, did you ever?

Roz. No.

Mr. **Steiger**. Thank you, Mr. Chairman.

Chairman **Pepper**. Just two questions. I will ask each one of you, starting with Marcia. Was there a drug counselor in your school?

Marcia. No, not to my knowledge.

Chairman **Pepper**. Greg?

Greg. No.

Chairman **Pepper**. Roz?

Roz. No.

Chairman **Pepper**. Kelly?

Kelly. Not to my knowledge.

Chairman **Pepper**. Martin?

Martin. No.

Chairman **Pepper**. The second question is. Marcia has said she thought if the curriculum were turned around, I believe as you put it, enriched and enlightened and made more interesting to the students that it would have an influence in reducing the use of drugs by students.

Marcia. Some drugs, mostly like speed, to study, cram for test. Also, to keep up with the daily memorization and work that you had to put out to make good grades to be accepted. I feel that mostly you are talking about programs that you should have. I feel that there have been several programs trying to inform students and parents about what the drugs are, what the effects are, how you notice them in your child, et cetera. I think after that, once you have learned this to a certain degree, that it is obsolete, it doesn't work any more.

I think that mostly if you are interested in helping them, helping people from ruining their health, mostly you should go toward drugs that are being sold as MDA, or acid, or mescaline, that are misrepresented, that are actually animal tranquilizers, et cetera.

I feel that if that is one of your main purposes, that you should have houses or places, institutions, where you could have your drugs that you bought to be analyzed, if that is one of your No. 1 concerns. Because mostly if they are pure they are not going to have as detrimental effects on your health, unless they were used for a long period of time.

I feel that is one of the things you should have or propose.

Chairman **Pepper**. As I understood you, you are talking about two things. One is how to give effective courses in drug education to the students.

Marcia. Yes.

Chairman **Pepper**. The second one, I understood you to say, you used these words, "the curriculum should be turned around."

Marcia. More independence. The student can't even go on his own and learn things he is interested in within the subject. Like if he wants to pursue on to some point that the teacher has brought up, that he can go ahead and do it on his own, instead of following, or if he needs more time to understand and learn something, that he be given it instead of rushed through and expected to pass and make good grades. Get rid of the tension and pressure.

Chairman **Pepper**. That is what I am getting at. What can be done that is not being done in the schools that would reduce the amount of drug abuse? In other words, what kinds of programs, what sort of experiences could be brought to the attention of the students that would be helpful in stopping the drug cycle?

What do you say, Greg?

Greg. I don't think adding something—I don't think no matter how good it is—I don't think adding something to the present situation is going to do any good, because of the implication of drug abuse is much broader than just a program in the schools or a program on the streets. It affects all of the institutions in this country; institutions that are a part of and feed into the drug abuse problem.

I think one thing you could do, and it would be kind of hard to legislate, would be to change teachers to resource people. To eliminate the teacher's desk, that whole concept of her or him as the all-knowing kind of person. I think a change in the classroom and a change in how things are taught and what is taught and the level of involvement of the student are the only way you are going to, first of all, really win the trust, and open up any kind of communication between the students and the teachers.

Chairman **Pepper**. What could you say, Roz? What could be done that would be helpful in meeting the problem of drug abuse in the schools that is not being done?

Roz. I can give you what I experienced.

This is when I was in junior high school—I was in senior high school, but I found I had a teacher that did away with the desk type. She was the instructor, and she did away with most of that. So, I had broke up a really good trust relationship with her. I had gotten pretty messed up on some stuff that I had, so I got back to her at the school. And this was during school, when school was in session, I left school to go see her. She called DIG, and they had people to come out to talk to me.

They did not use any superficial, "You are a really dumb kid; do you know what you are doing? Do you understand what you are doing?" It was on an equal level, and there was no harsh dealing with me. There was no harshness to it.

I got into DIG, and I felt like there are a few teachers in the schools I have attended that could pretty much get through to the kids, and they could talk to them and they had broke up a trust relationship where they could help the kids out. I found that a lot of teachers put blame on these kids and made them feel like they were really terrible and really bad.

So, it just kind of ruined the situation.

Chairman **Pepper.** Kelly, what would you say?

Kelly. I think what is really necessary is some sort of form of education to help people to help the kids understand who they are as people. A lot of emphasis is being put on education as a means to make a person fit into society. I think that that is good, but a person also needs to know how to operate as a person, how to fulfill themselves. That is something that I think a lot of kids aren't getting.

Chairman **Pepper.** You feel that there is a sense that they are not getting something that they should have, that they want; is that it?

Kelly. I think it is something they should have. I am not sure if they want it or not, because I do not even think they know it exists.

Chairman **Pepper.** Martin?

Martin. Well, there is not really anything you could add to the school that would really help. There are ways you could have people come and talk. Last year, when I joined DIG, they were going to schools and giving like rap sessions, just talking to students and telling them, like what the drugs were and everything, and I believed it helped. It helped me.

You just go to a school and they ask you questions and you answer them, anything they want to know; if you know about it, you just tell them. I think that would be about the only thing—well, something similar to that.

I really do not have anything else to say.

Chairman **Pepper.** Well, did you find that there were programs in the school to which a student who found himself or herself involved with drugs could turn to and get help?

Did you find any such program or person in the school?

Martin. Inside the school or outside the school?

Chairman **Pepper.** Inside the school.

Martin. No.

Chairman **Pepper.** Kelly?

Kelly. No.

Chairman **Pepper.** Roz?

Roz. No.

Chairman **Pepper.** Greg?

Greg. Not for drug users.

Chairman **Pepper.** Marcia?

Marcia. No.

Chairman **Pepper.** One of the saddest things I think I ever have heard, and Mr. Winn will recall, in San Francisco there was a lady who was working in a drug treatment program at that time who went with a man who also had had a very miserable background and experience with the use of drugs, to lecture, to talk to the students in various schools. This lady told the story of how she was born in a wealthy family, had a young marriage, early marriage which was unhappy. Her husband was a heroin addict and she pretty soon became a heroin addict herself, and then, it was not very long before she was on the streets to make enough money to buy the heroin she had become addicted to. She was finally sent to the State penitentiary and was several times incarcerated, and after that miserable experience she finally got into a treatment center that got her straightened out, and she was going around, telling about her unhappy experience.

After one of her lectures, a 10-year-old girl pulled her to one side and told her that she wanted to talk to her. That little girl was very much frightened because her brother had two or three times given her heroin and she had helped her brother cut it and prepare it for the market and had helped him sell it.

After that little girl, at that tender age, heard the story of this older lady, she, as I said, became very much frightened and she asked this lady, "What do I do? What can I do?"

The lady did not feel that her function was to be a teacher or one to teach the girl. She gave her her telephone number and said, "Well, if you want to, you can call me."

All of us will always wonder what happened to the little girl. The child did not seem to have anybody when faced with the greatest crisis of her life. She did not feel there was anybody to whom she could turn and get help. Whether she ever found anybody or not, we do not know.

That is the reason I asked the question.

Thank you all very much. You have been very valuable in the contribution you have made to us. We appreciate your coming, and we hope your testimony here today will be helpful to us.

Thank you very much.

(The following letter was subsequently received for the record:)

SOUTHWEST HIGH SCHOOL,
Kansas City, Mo., October 11, 1972.

Mr. CLAUDE PEPPER,
U.S. Representative,
House Office Building, Washington, D.C.

DEAR MR. PEPPER: We were privileged to witness on television some of your drug investigations in Kansas City. We felt the overall idea was good but results were not consistent with your general intention. The young man testifying for or against Southwest High School was withdrawn from our school for nonattendance on November 10, 1971. He left our building owing us about $18.00 worth of books and blaming us for their loss. We do not know how you happened to select this young man but strongly feel that he was not representative of our student body.

We would like to share with you some of our experiences with regards to drugs. Last year, at this time of the year, we had already experienced four drug overdose cases requiring hospital treatment. We had presented two drug assemblies to the student body and were highly concerned about drug usage. We find less evidence of drugs in the building this year and have had no cases of overdose so far. We would also say that drugs are still here.

Our concern is that your committee presented to the public a picture of wholesale drug usage in the school. We strongly defend that this is not true. We would also criticize the fact that we have no regress in any of your proceedings. We admit that we have drugs in the building. We admit that we have a problem. We also submit to you that we are educating approximately one third of our student body each year on drugs and drug usage. At the present time, kids are turned off by adults telling them not to use drugs. We would debate strongly the idea of changing a total school curriculum for the people you had on your committee.

We are changing our curriculum at a steady pace and the reception by students, teachers, and parents has been gratifying. We hope to hear from you in the future and when you are in Kansas City, we would enjoy the opportunity of visiting with you.

Thanks for your time and effort. I remain,

Sincerely yours,

THOMAS E. KIPP, *Principal.*

Chairman PEPPER. I am going to have to ask the next panel, if it will be good enough to, to come back at 1:30.

Will that be possible for you?

If you will do that, we will thank you very much.

We will take a recess until 1:30.

(Whereupon, at 12:25 p.m., a recess was taken until 1:30 p.m., this same day.)

AFTERNOON SESSION

Chairman PEPPER. The committee will come to order, please.

Will you call the next witness, Mr. Counsel?

Mr. PHILLIPS. Mr. Chairman, next is a panel of individuals who are involved with the drug rehabilitation program that some of the witnesses who were present this morning attended.

Dr. O'Connor is the director of the Drug Intervention Group in Johnson County, Kans.

Mrs. Sturges is involved with the parents' section of the Drug Intervention Group and is also president of the Johnson County Parent-Teachers Association.

STATEMENT OF DR. WILLIAM A. O'CONNOR, DIRECTOR, DRUG INTERVENTION GROUP (DIG), JOHNSON COUNTY, KANS., ACCOMPANIED BY JANE STURGES, PRESIDENT, SHAWNEE MISSION AREA COUNCIL, PARENT-TEACHERS ASSOCIATION

Mr. PHILLIPS. Dr. O'Connor, you have a prepared text which you submitted to the committee, and we greatly appreciate the effort you have taken to do that.

With the chairman's permission, we will include that in the record as your statement.

Chairman PEPPER. Without objection, it will be received.

Mr. PHILLIPS. Could you briefly summarize this statement for us?

Dr. O'CONNOR. Yes, I would be glad to.

Essentially, what I have said is that the initial awareness that there was a widespread problem probably began around 1970. This was around the time we began planning to implement some kind of a widespread community program.

We applied for, and were funded, in June of 1971, through an LEAA discretionary grant, for a 1-year period and began to implement the program, which we called DIG—Drug Intervention Group.

I probably do not need to describe the program at great length, because it is one that was rather a new idea at that time but it has become, I think, familiar across the country, as we have put out about 500 handbooks to various communities.

It is essentially a small, peer group kind of program that emphasizes alternatives to chemical abuse and it operates by trying to rehabilitate youngsters that are using drugs but also involves some preventive activity by having those youngsters vouch for and pull in their own peers and spread some credibility for the program through the community.

It also involves a lot of communication and contact, so we often place youngsters back into a constructive situation in the community.

About a year ago, in addition to the DIG program, most of the active treatment programs in the Kansas City area began to get together, share staff, share information.

Mr. Phillips. Before you get onto that, could I just ask you this?

This morning, I was a little surprised by some of the testimony of the witnesses that they felt, as a result of drugs and their involvement, that their studies improved. It may be that their involvement with the drugs reduced some of the tensions that they had which were affecting their school performance, but it has been my experience—and I think the experience of all of us—that the involvement with drugs leads to harmful effects on studies, dropping out of schools, and more serious results.

What would your experience be with that subject?

Dr. O'Connor. Well, I think that probably the school dropout and harmful effects are quite correct, but that is at a later stage of effect in the drug epidemic, and I think what the youngsters were talking about this morning, to kind of translate it into professional terms, I heard them say—and I heard them saying in the course of the program—that drug abuse is really an ecological event, it is greatly related to the schools—that is, we no longer have neighborhoods, we no longer have small schools, small churches, places where people can be recognized, and one of the things they have done is try to adjust to pressure, be somebody, respond to the need for some commitment by the use of drugs. And in this kind of situation, the school becomes a challenge; it is no longer a situation where they are anonymous, facing the crowds, 2,000 or 3,000 students. They are beginning to feel a little bit of something exciting, at least, that is going on.

They may regularly attempt to keep their studies up to maintain—I think the self-illusion—that something exciting is happening and something is new in their lives and that things are not purposeless.

Mr. Phillips. I thank you. Will you please continue?

Dr. O'Connor. A good many things have come out of 2 years' experience, and one is some information that I included in the formal statement about the extent of drug abuse.

Mr. Phillips. Could you tell us your view of what the extent of drug abuse is here?

Dr. O'Connor. Essentially, our method for obtaining this information was to see how many people were in all of the treatment programs in Kansas City, then take what we consider the best estimates or surveys for various areas of the city where they have been done, try to match them with the equivalent census tracts to get an overall estimate.

Essentially, we found about 927 individuals in the eight-county metropolitan area, including both sides of the State line, in treatment, and the best estimate that we could get is, excluding such things as marihuana smoking—and I am talking about harder drugs—there are about 42,300-some individuals that we can estimate as having serious drug problems. This is about 2,600 opiate addicts, about 2,500 on other kinds of needle drugs, maybe in the neighborhood of 18,000 on barbiturates and amphetamines, and another 18,000 or 19,000 involved with major usage of hallucinogens.

Essentially, the breakdown, to illustrate, looks something like this:

This would be the heart of the urban Kansas City, Mo., the State line running this way (indicating). In these areas you see quite a bit of opiates, needle-drug usage. These are the inner city areas (indicating).

Here is southern Jackson County, a residential area, where we see all kinds of drugs, psychedelics and increasing use of stimulants and depressants (indicating).

This is the northeast Jackson County area in which the DIG program operates normally (indicating). You see, again, psychedelics, barbiturates, amphetamines, and, more around the periphery of the city's less densely populated areas, higher proportion of use of LSD, marihuana, and so on, less dense drug usage.

So that about three-fourths of the total drug abuse problem is on this side of the line, and another quarter here largely concentrated in Johnson and Wyandotte Counties.

Mr. PHILLIPS. In other words, you say the largest portion of people involved in drugs are in Johnson and Wyandotte.

Dr. O'CONNOR. On the Kansas side, that is the largest concentration.

On the Missouri side, Jackson County is probably most involved, particularly the inner city area, and in what is considered South Kansas City, the area from about Westport of the Plaza, clear out to, say 103d Street.

This is a long-established residential area (indicating). This is the area in which Southwest High School—about which one of the youngsters testified this morning—is located (indicating).

Mr. PHILLIPS. You find the problem exists among blacks, whites, and other ethnic groups here in the Kansas City area?

Dr. O'CONNOR. I think it has at this point cut across virtually every socioeconomic and ethnic group.

Mr. PHILLIPS. You have some other remarks you had planned to make?

Dr. O'CONNOR. Yes. I would like to make one other set of remarks that I think is something that the committee ought to take a look at.

I consider this, perhaps, the most critical area of what I may have to offer to this committee.

I mentioned in the formal statement that we had the DIG program. There have been a number of other programs in the area that have been reasonably successful, and we have moved toward cooperation; so, it might seem the Kansas City area has had a drug problem and it is making some progress. But I think the opposite is true. What is happening, as of this point and time, is that the DIG program is, for all practical purposes, terminated. We are still officially alive but we are in the process of closing the program.

The Renaissance West, which is the only live-in, drug-free residential program in the Greater Kansas City area, is officially in the process of placing its residents in other areas. The only new funding that we are aware of, the TASC project, appears to be quite confused, so that, essentially, by the first of this year, for Kansas City, there will be nothing available for youngsters with the exception of methadone maintenance.

The reasons for this, I think, are very clear. To use our program as an example, we were funded originally by a discretionary grant. When the 1-year project finished, we were told there were no Federal funds available and that we could have, instead of $132,000, $79,000 to continue. This went to committee, and it was reduced to half that. We got $39,000.

We then waited for our first voucher to come in, and it did not come. We were told at this point that we had not submitted a form showing prior expenditures; that is, we should submit a form showing the amount of the award, zero subtracted, and the amount of the award again. At that point, we had a delay of some 40 days; we had kids working for $150 a month, 40 days late, who were literally panhandling on the streets to get lunches.

At the same time we received a letter saying that there would be a seminar on how to administer LEAA funds. This was in our 13th month of operation. The letter arrived the day after the seminar. This has been a recurrent kind of problem.

To give you some example of what has happened: Again, vouchers are, apparently, on someone's desk. I don't really know. We have received no written communication. We were not notified as to the delay. We are operating without funds, and we are told that this is because we should put our consulant contracts out for bid. In other words, we should hire our consultants by open bids and awards to the lowest bidder.

We are told, in the case of a husband and wife working in the same program, both of them qualified, the wife should be terminated, because two checks should not go to the same household.

We have received an audit in which one of the major questions was that a letter had been received saying the groups were sensitivity training and sensitivity training was brainwashing; therefore, we were a Communist organization.

Mr. PHILLIPS. Who said said?

Dr. O'CONNOR. This was a letter which was apparently sent to a number of government agencies, including GCCA—the Governor's Commission on Criminal Activities.

Mr. PHILLIPS. The Governor didn't?

Dr. O'CONNOR. They received a letter, and this was part of the discussion during our fiscal audit. We didn't discuss fiscal matters too much with the exception of the fact that they made an arithmetic error in auditing. They thought we did not have enough match and we were over our match. And that was easily resolved.

I could go on some length about this, it is in the statement. But, essentially, what has happened is this: These are bureaucratic kinds of questions that are raised, but they have a profound effect on a program. We currently have lost all of our professional consultants, four out of six of our youth staff, a crisis nurse, training coordinator, project coordinator.

We have 500 kids in various kinds of groups, and we have one professional, myself, at one-tenth time, to do all of the supervision; we have closed our crisis switchboard, and for all practical purposes, our program is gone. And it is nothing more than getting caught in the bind of having to have trust on community level, but having paranoia and suspicion from the funding sources, having to have regulations interpreted, reinterpreted, and applied retroactively. We have been told that if we comply with the regulations that that constitutes an admission of guilt; so, we have to have consultants pay back money, and things of this sort.

The same thing has happened to Renaissance, for example.

That program supports Phoenix Center, which relates almost exclusively to the blacks and the Mexican-American community.

They have about a 25-percent black population now. They are funded by northwest Missouri LEAA, and, apparently, at a recent council meeting there was a motion made that the project should be closed on the basis of racism because they only had 25-percent black, and everybody knew that larger proportions of blacks had drug problems.

So, the project was terminated, and the money was awarded to the same council members who made the motion to terminate the program.

The same kinds of problems have arisen with TASC. When the TASC project team applied through SAODAP—Special Action Office for Drug Abuse Prevention—they referred to the "City of Kansas" and apparently were not sure which State or city they were in, and, subsequently told the mayor of Kansas City that the funds were available for Kansas City, Mo., only.

There had been about 3 months of spadework and a lot of writing to SAODAP indicating that, cooperatively, most of the agencies in the city were working on a metropolitanwide program, so we would not be capturing drug pushers over here and promoting the ones who did not get caught on the first raid moving out to the suburbs, which is essentially what happened.

What I said in the statement is that I think things are going to get much worse in Kansas City. We do not have the heroin problems, and, frankly, the TASC money is not going to do us a lot of good. We have barbiturate and amphetamine problems on a large scale, but those fail to conform to guidelines, so there is not much we can do about it.

We have a situation where drug abuse is growing, and virtually every program is going out of business because they just can't communicate with the funding source. I do not think we are going to make very much progress in Kansas City unless—and these are my recommendations:

First, we are going to really have to have some prevention programs. We still are not in a position to prevent. Like New York and Washington, we can't do anything but have methadone maintenance;

Second, we are going to have to implement programs on a citywide basis. There are constant jurisdictional fights; and

Third, we are really in need in a helping relationship, particularly with the Federal Government, which we do not have now. They seem to view their role—in our eyes, anyway—as trying to find out what is going on but not telling you where funding sources are available.

There seems to be a constant tendency to appoint some czar who can coordinate all of the drug abuse efforts, which frankly destroys all of the cooperation when you start pyramiding things. It insulates the people at the top.

My kind of feeling is that if you really want to be very blunt about the drug abuse problem, it is: We just have too many kids. They are expendable. We have millions of them; we do not know what to do with them. They are packed in massive high schools, and there is no way of determining what they need in the schools and in drug abuse programs. Nothing gets communicated to the people at the top, unless somebody tries to blow up a building and that is probably not a very accurate statement of where I think most kids are at.

We have no citizen accountability. Somehow, in this community, we have the resources to do things and people that want to, but we can't quite get together with them. I think there are very sincere attempts to implement good programs on the Federal level, but someplace in the middle they get lost.

Mr. PHILLIPS. Can you tell me how many youngsters you have in your program; I think you said 600, or thereabouts?

Dr. O'CONNOR. We run around 600 through most of the project.

Mr. PHILLIPS. Could you tell me the age level of those particular children?

Dr. O'CONNOR. Primarily 14 up through 21 and 22, 23 years old. It has been getting older. I think the ages have been rising a bit in the last 6 months or so, because we started running into what we refer to as heavy dope problems. Frankly, crisis calls are falling off. Kids are not freaking out on LSD at school; they know too much about it. But we are seeing kids who are using heroin, barbiturates, and amphetamines much more frequently as they get older.

Mr. PHILLIPS. Have you had a school-age level?

Dr. O'CONNOR. Right. High school and junior college primarily.

Mr. PHILLIPS. I would like to get back to you, but, in the interim, I would like to speak to Mrs. Sturges.

Would you tell us what the parents section is concerned with at the Drug Intervention Group?

Mrs. STURGES. Actually, the parents section got started because the parents would come in and say "We have a problem and we do not know where to turn." And they would say, "Well, we have been to our minister or priest and they could only help us do so much. We have been to our family doctor, and he didn't know what to do. We have been to, like, Johnson County Mental Health Association, and they could only help us so much. And you do have to have money. And, also, you have to have money if you went to a private psychiatrist."

They say: "What can we do?" What do you say to a person like that?

Sometimes they can't even communicate with their children.

They really have real problems.

So, we that have been really working on this problem, which started about 2 years ago, started thinking about what kind of things we can do to help. We thought that possibly—and I do not know whether I should mention it or not—but we thought the AA program was a very good idea, so why not put parents together that have problems in common and they could work together and find out what kinds of things they could work out together?

For instance, they can say: "I have done this, and it has not worked but it has worked with you." And, "This has worked very successfully."

Mr. PHILLIPS. Do you find that many parents do have problems of youngsters getting involved with drugs?

Mrs. STURGES. At first, everyone was coming in and they may not even know they have marihuana, but they were afraid of what it was and they were immediately interested in coming into any kind of a program.

Now, people are not as afraid. They are not afraid of marihuana. Even some of the other drugs do not seem to bother them so much. So, I really do not know that we receive that many parents now.

Mr. PHILLIPS. Could you tell us about the PTA's reaction to all of this?

Mrs. STURGES. This is how I got started.

I was vice president of the Shawnee Mission PTA. We were very concerned and shocked, as I have been, again today, about the problem of drugs in Kansas. So I, as vice president at the time, and the parents education chairman of the council worked together with the schools and with the Kansas Department of Education to develop a seminar for all parents in Johnson County. The council sponsored this, and the PTA, we feel, did a real service to the community. Unfortunately, it was just a 1-day affair. We did awaken quite a few people in the community, but this was 2 years ago. Now, we have tried to keep an on-going kind of program, we encourage everyone in the PTA to have programs about drugs, try to tell it honestly. And this is, of course, something that I agree with, with youth, that we have got to be honest.

Mr. PHILLIPS. Have you agitated or instigated any programs in the schools that might provide a drug counselor, for instance, to kids that are coming into the problem?

Mrs. STURGES. We cooperate with the schools in this respect. We have not agitated for one.

Mr. PHILLIPS. Does the PTA have any suggestions about what should be done in the schools to get a better grip on this problem?

Mrs. STURGES. We do not have any one answer. I wish there were.

Mr. PHILLIPS. I have no other questions, Mr. Chairman.

Chairman PEPPER. Mr. Mann.

Mr. MANN. Mrs. Sturges, do I detect a certain cynicism or frustration on your part, based on the fact that parents seem to be less concerned now, perhaps because they learned more about the allegations concerning marihuana and the widespread use of it and certain other types of barbiturates, for example, and are laxer in the use of it, so that now they do not consider it the end of the world when their child is involved, and, therefore, they are less concerned?

Mrs. STURGES. That is right, unfortunately.

Mr. MANN. And, Dr. O'Connor, did I detect from the young people here this morning that even the DIG program had a certain direction that tolerated a control or moderation in the use of drugs by schoolchildren?

Dr. O'CONNOR. I do not think so. Part of what you may be picking up is that you walk a very fine line with this kind of a program. It is easy to have a program for 12 convicted users, but, when you are trying to reach a large number of kids, what we say to them is essentially: "You can come into the program with a drug problem and we will not throw you out for using drugs. Now, somebody is going to tell you that you are really not very bright about it. Somebody is going to tell you that you are choosing a rotten alternative. But we are not going to throw you out—or keep you from coming in, in the first place—because you may think marihuana may be legalized, or anything else."

We have very stringent requirements about who can work as volunteer staff, which includes being absolutely drug free.

I have been impressed that people follow those. It is easy to cheat on that.

Mr. MANN. There has been no change in philosophy; you are still working toward being drug free so far as the child is concerned?

Dr. O'CONNOR. That is right.

Chairman PEPPER. Mr. Steiger.

Mr. STEIGER. Thank you, Mr. Chairman.

Doctor, do I understand that the young people that we have here this morning are all a product of DIG, or have they been in your program; do you know?

Dr. O'CONNOR. Not all of them. I know that four of them have been. One is actively involved now; one is a former member, and two are working in volunteer staff positions. The fifth has never been involved in the program.

Mr. STEIGER. I know that you at least have had as much exposure to this whole dialog as we have, and the one thing that comes through very clear from our side of this podium is that users inevitably try to justify the use, much the same way that we justify smoking or drinking. I understand that. But I have the same feeling that Mr. Mann touched on, in which somehow DIG was enforcing that feeling, and Mrs. Sturges further enforced that by the announcement that there are fewer parents who appear to be concerned, and I assume that that is not as a result of DIG's involvement. But that is a result, anyway.

I, for one, with no disrespect intended and only in candor, consider it garbage when we sustain the rationale for the use of drugs.

The dialog we heard this morning is very conventional dialog, if you will. There is always a rationale for it, that we talk about relevancy, communication, and equality.

What I am asking you: Does DIG subscribe to this kind of a dialog in order to reach the person who is involved with drugs?

Dr. O'CONNOR. Which kind of dialog?

Mr. STEIGER. The dialog in which you promote the rationale; in which you, in effect, exert a permissive attitude with regard to the user in an attempt to find out whatever reason he is using it, and, therefore, you mention alternatives.

In my view—this is a very personal view—if we sponsor and promote programs that permit the person involved with drugs to believe that what he is doing is justified, whatever it is, and which we do not point out that it is simply a lack of self-discipline and that he is going to be faced with that problem all of his life, I think we do him a great disservice and we surely waste a lot of money.

I am just interested in what the philosophy of DIG is?

Dr. O'CONNOR. OK.

Well, I think I have to answer several points.

First of all, I really want to make it quite clear that a very basic purpose of the program is to prevent and stop abuse of chemicals, mind-altering chemicals, of all kinds.

I think probably what you may have been picking up was the profound discouragement because you are looking at things from a rather high place. What we are seeing on the street is promises, and more promises, and more promises, and no action; and it is getting worse.

As far as the organization of alternatives, I really do disagree with you there. I do not think drug users use drugs because they have a moral defect or really lack self-discipline any more than I think poor people are poor because they just do not have any gumption, and that is all there is to it—or minorities have prejudices leveled against them just because they do not get up and show how good they are.

There are a variety of factors, and, certainly, most drug abusers are rationalizers; they kid you, they kid themselves, they take the easy way out, they are pleasure oriented, and all of those things. At the same time, I doubt very much—you know, I went to a high school with 200 or 300 kids in it, and I was not all that good in anything as far as I knew, but I got thrown into a lot of youthful games. There were not enough players to go around. I made fullback on the football team, to tell you how poor the school was, as far as resources.

I frankly wonder if I were thrown into a high school with 3,000 or 4,000 kids with my lack of self-confidence, where would my motivation come from?

I do not think you can treat people like cattle and then say they have some moral problems when they pick a poor source of response.

Mr. **Steiger.** I can only tell you—and, obviously, you are going to debate it—I am sorry you have that feeling, because we have always had problems in our society with our young people, whether it was the size of the school or the fact they had to walk an excessive distance to school, or the fact there was no plumbing, or whatever the problem was.

Whatever the problem, the answer is clearly not drugs, and I think you do a disservice when you encourage any rationale. But that, again, is a personal view.

Mrs. Sturges, I am interested in your efforts, because I am also square enough to believe that while we know that the home is not the entire answer, the home is certainly a contribution, and the fact that the parents are here as they are everywhere else in the country whereof I know—and I will tell you I represent communities where they can't get fresh bread and they can't get fresh milk because of the distances involved, but they can always get grass. This is not an urban problem. It is not necessarily a problem of overcrowding in the schools or lack of relevancy.

Dr. **O'Connor.** I agree.

Mr. **Steiger.** This is a posture we have adopted nationally, and that is what concerns me about your attitude, Doctor; and I can't quarrel with it because you live with it.

Dr. **O'Connor.** The thing that concerns me, when we had some of these earlier national problems with youth and other people, we did not simply think they were immoral or deviant; we took a look at it—fair labor laws and all kinds of educational assistance and a lot of other kinds of programs to help; we did not simply blame the people who were having the problems and let it drop at that.

Mr. **Steiger.** I think your analogy about the poor being poor because they have not got the gumption, or minorities being abused because of their own problems, is not a valid analogy; it is a bad equation. In the first place, we know that this is not a socioeconomic situation. We know it cuts across all the community, its economic and ethnic involvements. We also know that the whole Nation, the adults, have a lower standard of self-discipline than we ever had before. So, I do not think that any of that is invalid; but it is the parent situation that interests me, because I will tell you that it is reflected even in the very small communities.

We still have one-room schoolhouses in Arizona, and they have a problem. There are six and eight in the whole school; that kind of a situation, and the parents really do not want to know about it. I can't believe that a parent does not wonder now, with all of the exposure we have had as to every extent of any kind of chemical abuse to every parent who has got enough intellectual interest to turn on the television—he may not be literate but he can watch it, watch the tube, in between halves of the football game if not anything else—he would be aware there is a national drug problem and it must occur to him, that his child is not immune. Yet, the indifference we hear, the recitation of these people this morning and your own recitation about the relevant complacency is one I do not know you reach with money.

I wonder if you have any specific suggestions other than offering of seminars, because we know the people who come to seminars are not the people we are trying to reach. If you can get them to a seminar they are concerned enough to be involved anyway.

Do you have any specific suggestions for the involvement of the parent other than making him believe it is all right as was suggested this morning, that he should not be so horrified if his child is on drugs because it really is something that is not so bad?

Mrs. **Sturges.** No; we found that with parents it is probably better to shock them, to go ahead and just tell them the worst kind of facts there are. You do not have to do it with the youth, but you do with the parents in order to get their attention.

Now, then, every kind of media is used to get their attention. You go to the schools. You call the parents in and try to talk to them. I wish—and I would be happy to work on it—if you have a suggestion as to some other way to get to them, I would try it.

Mr. **Steiger.** What I am leading up to again is this isolation effort, and I do know that the committee learned there are some attempts at isolation in San Francisco, for example, in which we treat this as a communicable disease, just as tuberculosis was prior to whatever defenses we have, and we actually isolate these individuals who have got these problems so that they do not infect their peers.

It is, obviously, a very harsh and very undesirable approach, but I share your apparent total discouragement at the intervention of bureaucracy in the funding process. But I will tell you that as long as you are going to have bureaucracy, you are going to have that kind of problem; when logic and reason simply have no place in bureaucracy, there is no way to penetrate bureaucracy with logic and need.

Dr. **O'Connor.** I think what you are stating is one of the causes of drug abuse.

Mr. **Steiger.** How about the isolation approach? How about the harsh method in which you establish an entity in which people who are involved in drugs would be forced to be isolated?

Has that occurred to you?

Dr. O'Connor. Where are we going to isolate 49,000 people in Kansas City?

Mr. Steiger. Obviously——

Dr. O'Connor. We do not have enough prisons for that.

Mr. Steiger. I am not talking about prisons, of course.

You have succeeded in attracting 600 of them on a voluntary basis, as I gather. You would simply structure the same thing you are now teaching. There are 49,000 school-aged people; is that correct?

Dr. O'Connor. No. I think it runs up to the 24-year-old age range.

Mr. Steiger. How many are in school, of the 49,000; half?

Dr. O'Connor. I would guess half.

Mr. Steiger. You are teaching those now; expenditures are being made now for that group. I say, simply apply those expenditures.

Dr. O'Connor. What we have expended is $39,000.

Now, that would be approximately a dollar a head.

Mr. Steiger. No. I mean, the school system is now supporting those people who are now in school. Not your efforts. The school district moneys are going for the education of drug users at this point; conventional education.

So, you say: "Where is the funding coming from?"

That has been done in the places where they do isolate. It is a special education situation.

Mrs. Sturges. The Shawnee Mission School system has started this

Mr. Steiger. They have?

Mrs. Sturges. I am sure you will hear about it tomorrow. The educators understand it much better than I do, and they will explain it. I am all for it. They have an evening kind of course for the youth that have—in other words, they try to keep them going to school rather than dropping out completely and they isolate them.

Mr. Steiger. They do not have them with the general school population?

Mrs. Sturges. No.

Mr. Steiger. Again, in your opinion, would that be a good way to catch the attention and concern of the average parents?

Mrs. Sturges. Well, this, undoubtedly, catches their attention, if it has not other effect, I am quite sure. If I had a child going into evening class, I am sure it would attract my attention if for nothing else but transportation. But I think you are not really getting everyone in this program, unfortunately. I feel like, hopefully, we could get to the people before they had to be put in this class. And if, you know, there is something we can do in the schools, let's find out. Shawnee Mission is changing.

Mr. Steiger. Thank you, Mr. Chairman.

Chairman Pepper. Dr. O'Connor, in your opinion, how much drug use is there in the schools of Kansas City, Kans., and Kansas City, Mo.?

Dr. O'Connor. Well, I have to take, largely, the street rumors. What I have to do is guess, based largely on street rumors, and so on. I would guess at least 50 percent of the students throughout the area are regularly involved with some illegal chemical.

Chairman Pepper. Mrs. Sturges, what opinion would you express on that?

Mrs. Sturges. I have no idea.

Chairman PEPPER. Well, now, Doctor, is there any program dealing with either the prevention of drug abuse or the corruption connected with it in the school systems of either one of the Kansas cities?

Dr. O'CONNOR. Within the school systems there are no programs that I am aware of.

Chairman PEPPER. I believe the students said this morning there were no drug counselors in the schools.

Dr. O'CONNOR. Correct.

Chairman PEPPER. Your program operates outside of the schools, then?

Dr. O'CONNOR. Yes, it does.

Chairman PEPPER. Are you one of a number of treatment and rehabilitation programs in the area?

Dr. O'CONNOR. Yes, we are.

Chairman PEPPER. How many others are there?

Dr. O'CONNOR. Well, that depends somewhat on how you categorize them.

Active treatment programs, we are one of three: DIG, Renaissance West, and Phoenix House.

Now, in addition, there are two methadone maintenance programs, one at K.U. Education Center, and one at Western Missouri Health Center, and some of the mental health centers offer, if you present yourself for treatment on an outpatient or inpatient basis, standard health center kinds of programs, but they are not street-level programs. They do not reach into the schools.

Chairman PEPPER. How many are involved in your program?

Dr. O'CONNOR. We have about 600 at any given time.

Chairman PEPPER. How many are involved in these other programs?

Dr. O'CONNOR. I am not sure. I think the census at Renaissance West is around 30; and I do not know the figures for Phoenix House. For methadone, I think about 120 at K.U. Medical Center; and I am not sure about Western Missouri—probably 150.

Chairman PEPPER. About 500 or 600 in your program; 100 or so in the methadone maintenance program, and how many more?

Dr. O'CONNOR. Probably about another 400. About 925 all together.

Chairman PEPPER. Roughly, around 1,000 to 1,100?

Dr. O'CONNOR. Right.

Chairman PEPPER. And yet the population of this area is at least a million, or maybe more; isn't it?

Dr. O'CONNOR. I think 1.3 million.

Chairman PEPPER. About 1.3 million. About the size of my home county, Dade, in Florida.

Mr. STEIGER. And 50,000 users.

Dr. O'CONNOR. Around 50,000 that we think are in major difficulty. How many users there are, who knows?

Chairman PEPPER. You mean there are 50,000 who need access to treatment, and you have got facilities for not over 1,100 available.

Dr. O'CONNOR. That is correct.

Chairman PEPPER. That is the problem I wanted to point out so you can see what the disparity is.

You are getting some funds from LEAA?

Dr. O'CONNOR. That is correct.

Chairman PEPPER. How much? Do you recall?

Dr. O'Connor. We are getting $39,000 this year.

Chairman Pepper. Do you know how much more Federal money is coming into the area?

Dr. O'Connor. I have been told, for treatment of arrested heroin addicts only, in Kansas City, Mo., only, about a million dollars coming in. Now, I am not aware of any other moneys coming in.

Chairman Pepper. I was just speaking to one of the judges today, and he said that more and more cases coming into the U.S. district court have to do with drugs. He spoke about the number of indictments recently handed down, and the like. So, the problem grows, it seems to me.

Is it your experience that it is growing?

Dr. O'Connor. Yes; I think it is growing. I think the other thing about it is we may not have more, in total numbers, users than we did, say, a year ago, but those who are using are progressing to more dangerous drugs. We have seen people move from occasional LSD usage to barbiturates, amphetamines, and, finally, heroin. So, it is growing much more serious.

Chairman Pepper. And that presents a much more serious problem?

Dr. O'Connor. Yes.

Chairman Pepper. Doctor, do you think it would be possible, if adequate funds were made available, from whatever the source might be, to establish programs in the schools where so many of the young people are involved, that would tend to prevent the use of drugs by the students or correct the drug abuse for those that fallen into it?

Do you think programs could be developed in the schools that would be helpful in meeting the problem?

Dr. O'Connor. No. Frankly, I do not, for two reasons:

No. 1, the advertising approach, drug education, works very well for those kids who probably would not use drugs anyway because they have good strength—someone to talk to, strong family ties, and other things they are motivated to do, and so forth. But for the kids already using it, it would not do much good.

If you get into harder type programs, when the advertising is harder, take some chances, involve the trust of the kids who are using drugs, and so on, frankly, I do not think the school boards could take the heat.

In Shawnee Mission Schools, one of the major controversies was whether there should be any drug education program. One of the major controversies is whether "Catcher in the Rye" should be banned as an obscene book. With that kind of apparent reaction, I do not think you could touch on any subject—sex education, drugs, VD, anything that can mobilize a small but vocal resistance group—with which we have had problems.

Chairman Pepper. The school authorities meet problems or attempt to deal with the problems with respect to parents who are either understanding of the program or uncooperative in dealing with it. But I notice in your program, you refer, on page 2—"New peer grouping (DIG) and increased alternatives for drug abuse for youth as support for court-related programs."

I notice, later on, on the same page, about the middle, you say: "As the program developed, drug use has become less a focus of effort, while emphasis on techniques for solving underlying problems have been emphasized on an individual level, institutional level, and total ecological or community system basis."

It is generally agreed, is it not, with respect to young people at least other than maybe a few hard-core heroin addicts where drugs are necessary, that peer therapy is the most successful techniques to use?

Dr. O'CONNOR. I think that is true.

Chairman PEPPER. Now, then, if we are to develop that technique, programs, and their implementation out of the schools, that means new facilities have to be provided, new personnel acquired, programs developed, and all that sort of thing.

Wouldn't it be possible, within the schools if they had the money, to develop palatable education programs?

It would not be based on fright or fear, which the students say does not have much effect on them. Palatable, knowledgeable programs and at the same time peer kinds of therapy, inspirational teachings, and the like?

We heard a man in San Francisco the other day, the head of a large school system there, say that his idea as a school superintendent was to make possible for the students at least one interesting experience in the field of knowledge every day. The idea was to try to stimulate the educational process so that the students, instead of finding boredom would find interest, and challenge, and activity in the curriculum and in the school affairs.

Do you think there is a field of possibility there?

Dr. O'CONNOR. Well, I think I really agree with what I heard you state as a goal. I think the ideal way to do it would be for the schools to implement that kind of program, to offer a situation which was that comprehensive and that stimulating, but I frankly do not think they can do it. I guess that is the point of disagreement.

I see schools as one of the most vulnerable institutions to small vocal opposition; I see them as one of the most frightened institutions that we have to deal with.

Chairman PEPPER. You mean the parents would not let them do it, and the school authorities, under pressure from the community and parents, would not approve that kind of a program?

Dr. O'CONNOR. That is correct.

I have worked in the schools; I started out teaching in elementary school in special education, and my experience is that schools are afraid to be progressive.

Chairman PEPPER. I think you are right, and it may mean that the school systems of this country have got to go through a very critical self-analysis. I was speaking on the floor of the House yesterday to the chairman of the Education and Labor Committee, and I said, "I am just discovering we have a crisis in education in this country. In Chicago last year, 12,000 students dropped out of school."

Now, what is going to happen to those 12,000 students?

You and I know that in a little while they will be in the juvenile courts and before very long they will be in the State penitentiaries.

Dr. O'CONNOR. That is correct.

Chairman PEPPER. After a lot of crime has been committed.

Dr. O'CONNOR. One of the things that impresses me very much along those lines is that most of us who are 30 or older just do not realize how much the environment has changed. Because, as you grow into a position of some responsibility, you are in a position of managing your own affairs, but, for the kids who are in schools that are unstimulating—large—they really lose all identity and they also have very little support from any other institution. I think of the point I made earlier—there is no such thing as a neighborhood. How does an individual learn values? Partly from the family but also from some sort of neighborhood structure which includes institutions like schools, churches, and so on. There is nothing left of the family, and God help the parents if they are not so incredibly skilled that all by themselves, with terrific pressure to invest in other things, they can't instill a strong sense of values in every one of their children.

It is practically an impossible task. I think I come from a fine family, but I am not sure they were that good; and this is the kind of thing that concerns me.

Chairman **Pepper**. Well, we know there are a lot of factors that enter into this equation.

Why it is, do you think, that the Parent-Teacher Associations of the United States have not been right at the doors of Congress clamoring for more help, or at the State legislative doors clamoring for more help?

Mrs. **Sturges**. I do not know the answer to that. I do know the PTA has worked very hard in this field, and in the State of Kansas, which is probably the only area I know much about. They are working in this.

Now, I think the State of Kansas, in the State of Kansas, the PTA has not had the awareness we probably have had in the Kansas City area for the last 2 years because we have had access to more people that were knowledgeable in this field. I know that the literature and everything I get from the State, they are just coming up with some of the things I knew 2 years ago.

I think this is on the national level—I do not think this would be true in New York City or anyplace else, and, frankly, I have wondered where we have been on the national level, why we have not done something, especially in places like New York.

Chairman **Pepper**. One last question. I suppose in Kansas, the situation is the same we found everywhere else, that the schools do not have enough money to do much good in the problem. Isn't that true?

Mrs. **Sturges**. That is true.

Mr. **Steiger**. Mr. Chairman, before you excuse the witness?

Doctor, of the people that DIG itself has dealt with, are any of those young people products of private schools that you know of?

Dr. **O'Connor**. I really have not paid much attention to that. I could think of a few.

Mr. **Steiger**. Are you aware that the problem exists in private schools, in innovative schools, the product of so-called progressive education, in virtually the same proportion that it exists in the large so-called factory-type schools?

Dr. **O'Connor**. I am not aware of any research to that effect. In this area, I do not think that is true.

Mr. **Steiger**. I will tell you, based again on 2 years of testimony in this matter, the so-called most elite schools, the prep schools of the east coast, have got a very serious problem.

Dr. **O'Connor**. I would agree.

Mr. Steiger. They are certainly innovative; they are all of the things we talk about that would be nice if we had them. The curricula are relative, and the classes are small, and the people communicate.

Dr. O'Connor. It is the terrific pressure to squeeze people into a mold that they have predecided. You are talking about schools again. You heard them testify they do speed just to get through their homework. That is a relevant point.

Mr. Steiger. Obviously, it seems to me that if this is the posture we are going to take to answer these people's problems, in which we are going to say, "You are right, the pressures in society are too great and you are entitled to some kind of relief, and we are going to give these other alternatives," in my view, you are wrong. You are so wrong as to shock me.

I will tell you that it is the same response. If you have ever had occasion to deal with the alcoholic, the intelligent alcoholic of some intellectual capacity, if you listen to him long enough, you are going to hate yourself for not being a drunk, because he really believes that society has made him—or whatever else has made him—the creature that he is, and he assumes no self-responsibility. In my view, that is the weakness of all of these programs—that they do not stress any self-responsibility.

Dr. O'Connor. That is not at all what we are saying to kids.

Mr. Steiger. That is what you are saying to me.

Dr. O'Connor. No. What we are saying to the kids is that you have got to take responsibility for making intelligent choices in your life, and I think what I am saying to you is that you, as Congressmen, also have to take responsibility for the fact that somebody other than the kids has to do something about the drug abuse problem.

What I have laid out is a lot of problems I do not think I can solve. The bureaucratic problems, the problems of the big government. I am asking you to take some responsibility there, just like I ask people who abuse drugs to take responsibility for their own actions.

I absolutely do not condone the use of drugs, and I think, if you will talk with the people I work with that use them, they will tell you I come down pretty hard on that.

Mr. Steiger. You just made a point here in which you, apparently, justified as competitive pressure, the forcing of a young person into a preconceived mold.

Well, that is a harsh way of saying that is what education is. Education is providing specific knowledge to a person who does not yet have knowledge. This equivocacy, as one of these young people said, "We would like to sit down as equals with your faculty," is garbage, because they are not equal by any criteria. If they meant that they want to be respected as equals, yes, I agree.

Dr. O'Connor. I think they are talking about equality in the sense the Constitution defines it; not the IQ test or academic credential.

Mr. Steiger. I do not think they are. I think you are fostering that when you put the phrases about forcing the people into preconceived molds. Sure, we have a preconception of what makes a successful person. And if we do not offer that to them, then, I think we are delinquent. If we say, "What would you like to do today? We will make it as comfortable for you as possible," we are not preparing them for anything.

Dr. O'Connor. That is not what I am saying either.

I think the point I am making is practically every epidemic is a transaction between people and the environment. That does not make people not responsible for it, but if there is nothing in the environment that makes it easy for kids to go astray, makes it easy for them to fall into patterns of drug abuse, why did it all of a sudden happen now? It was not genetics, you know.

Mr. Steiger. It is epidemic?

Dr. O'Connor. It is epidemic, and I have never seen an epidemic—you do not see it in medicine or any of the social sciences—in which the environment was not involved. If you are correct about drug abuse, this is the first time in history there has been an epidemic totally provided by internal conditions of the patient and not at all by the environment.

Mr. Steiger. I do not think anyone who has examined the problem at all or thought about it at all would assume the patient is responsible. I say the treatments have been irrelevant, ineffective—not just underfunded.

Dr. O'Connor. I agree.

Mr. Steiger. The chairman believes funding is a key, and, obviously, it is, but I have great concern. I think if you had 100 times the money you have, in my view, you have not convinced me that your approach is a valid approach. I realize that to be sidetracked into being concerned about the money, obviously, litigates the value of whatever it is of your productive efforts. That is clear, and that is terribly unfortunate.

Dr. O'Connor. I agree with you about the money. The money is not going to solve the problem. I think part of the message I have been trying to give you is that part of what interferes with the effectiveness are the kinds of ridiculous strings put on the money. It is not really the amount of money. I am not sure I want more money.

Mr. Steiger. Be careful.

Dr. O'Connor. I think what I would like to see is much enhanced communication so that—for all I know, you may be correct. For all you know, I might have something to say. The typical way this governmental process works, we will never have a chance to find out. I will either have to appear to conform to what you want—I am not really talking about you, personally.

Mr. Steiger. I understand.

Dr. O'Connor. Or I will have to go away and not have the money.

Mr. Steiger. Thank you, Mr. Chairman.

Chairman Pepper. Mr. Winn.

Mr. Winn. Thank you, Mr. Chairman.

I want to apologize to Dr. O'Connor and Mrs. Sturges that I was not here for the earlier part of your testimony. I told Mrs. Sturges outside that I was a participant in the dedication of the new social security building a few blocks from here, and they just do not move as fast as maybe this hearing is right now. But I apologize.

I think that the committee members probably are aware—and obviously by the conversation I have just heard—that as far as your program is concerned that there are a great many believers in the DIG program around here. It is a controversial approach, and, as you say, Doctor, you do not know if you are right—I am sure you think you are, and you may well be. But I think this is just what this committee has run into all over this country, that we do not really feel we have the entire answer to the drug problem.

The chairman and most of us have cosponsored a bill which would put more money into drug abuse programs, going through the schools, because, as we heard here today, one young man said he was 14 when he started and some of the people he was dealing with were 8 years old, and this is, I think, just startling to a great many people in the community, I am sure, but they do not realize that this is part of the problem.

At the same time, this committee has heard this in the five cities that we have been in. I think this is really what faces this committee, and we are trying, believe me, just as deeply as we can, and searching just as deeply as we can, to find what is the answer to the spreading problem of drug abuse that we have.

I appreciate the fact that you have some answers and that you are convinced that you all are working on a program that you support, and it is pretty obvious to me that some of the young people in this community would agree with that approach; at the same time, it is probably not the entire answer, and you would probably be the first to agree with that.

I was deeply shocked by some information that I received, that I read on the plane this morning, and I clipped it out as we were coming in here.

In this Associated Press story, as of this morning, the headline says: "The U.S. Revises the Total of Heroin Addicts." And I would like to get your comment on this subject, if I could.

It says that President Nixon's Director of Drug Abuse Prevention, Dr. Jerome Jaffe, whom I referred to earlier, told the House subcommittee yesterday that the number of heroin addicts in the United States is now estimated at 500,000 to 600,000, up from earlier estimates of some 300,000 to 350,000.

You have been to quite a few national meetings, Doctor—I know that. What is your opinion?

Your figure, I believe, from information I received when I sat down, is about 42,000 addicts in your mapped area?

Dr. O'Connor. That is right, but only about 2,500 of those are involved with the use of opiates. It is primarily barbiturates, amphetamines, and nonopiate drugs.

Mr. Winn. Do you think Dr. Jaffe's figures on heroin would be too high?

What would your guess be?

Dr. O'Connor. No one really knows, of course. It would not surprise me that it would be as high as that.

Mr. Winn. We have poor reporting methods. In other words, New York, I believe it was, Mr. Chairman, the public health officials did not make reports or were so far behind in their reports they were not relevant to the problem.

Could you give us your thinking on that, Doctor?

Dr. O'Connor. It is almost, I think, an impossibility to know exactly how many drug users there are for various kinds of drugs because it is illegal and, obviously, people will not tell you. It is like trying to find out how many people swear in the privacy of their own homes. They are just not going to tell you.

Mr. **Winn**. That is true, but if we have Government officials, city and State officials that will not turn in reports on the ones that are known, it is almost impossible for us to figure out what kind of epidemic we really might have going.

Dr. **O'Connor**. That is correct.

And the other kind of problem, which I do not have the solution to, is that even if everyone turns in all of the figures, we do not know what the problem is. We just know what the effects of it are. We just know how many people finally ended up accountable, and that is a terrible way to respond to an epidemic—by having a body count. There is no way we can diagnose how widespread the problem is.

Mr. **Winn**. How many are you treating now?

I know it is in your report, but I have not had time to go through it.

Dr. **O'Connor**. We are currently involved with 500 to 600 youngsters in the DIG program.

Mr. **Winn**. Do they personally contact you, because your program is, basically, a drop-in?

Dr. **O'Connor**. Well, it varies.

Mr. **Winn**. Well, part of it is a drop-in?

Dr. **O'Connor**. It varies with the youngsters. If everyone I counted were a drop-in, it would be around 11,000. The 500 to 600 are individuals who formally attend at least one group meeting a week. They may be involved from 6 or 7 hours a week, just when they are out of the house they are with this group, up to literally 24 hours a day. It is a program where the group itself is really a basis for planning and implementing all kinds of other activities. So, each individual is in contact with his own group more or less on a continuing basis.

Mr. **Winn**. Mrs. Sturges, as president of the Johnson County Parent-Teachers Association Council. I know you have had many meetings, some pretty violent, I guess, at least the press accounts seem to give that indication, and that is about all I have to go by as I am not here that much to attend them. But I wondered, what are the PTA's and your council's attitudes at the present time on not only DIG but on the other programs?

Are you working with some of the other programs in the county and in the area?

Mrs. **Sturges**. I am not aware of what other programs you are discussing.

Mr. **Winn**. There were a couple mentioned in Missouri by Mayor Wheeler, and I believe you were here at that time.

Mrs. **Sturges**. Renaissance West, right. I am aware of that.

Mr. **Winn**. They are underfunded or out of money. What seems to be one of our problems that I have found in researching the area is that we fund them on a short-term basis, which is one of the things the Government is notorious for, and then just as they get their programs going—and let's say half of them are going well, because that seems to be about the batting average around the country—then, we pull the funding out from that program and we get going in another direction. That is one reason for this committee. We are trying to figure out which direction we should go and possibly introduce legislation that would go in that direction.

The chairman and some of us have cosponsored a bill that would go through HEW into the schools. As I say, that is to get down to the younger students because of the possibility of trying to get them earlier before they get into trouble. Maybe some of them do not think they are in trouble.

Have you got any ideas on that?

Mrs. **Sturges.** Well, as I mentioned earlier, parents have been quite concerned. The parents that have had problems with children of their own, that have had drugs, have come to me and asked: "Where can I go for help?" There are very few places that I can tell them.

Mr. **Winn.** I am sorry. You are talking about the children or the parents?

Mrs. **Sturges.** Parents of the children that have drug problems.

Mr. **Winn.** I have had a lot of parents call me in the same vein.

Mrs. **Sturges.** Right; you know the problem, then. It is a horrible problem, and you have to give them some kind of an answer. You just can't say, "Well, you are going to have to live with it."

Renaissance West, as I understand it, is for people that have been on heroin, and, unfortunately, we do have this kind of problem, and it is younger, as I understand it, and it will hit our high schools—if not now, it will shortly. Those parents I have met, I can recommend Renaissance West, and if there is no more Renaissance West, then, as you say, it is K.U. Medical Center with methadone treatment. That is the only thing I can tell them.

If they are into some other kind of drugs, the only program I know of is the DIG program.

Mr. **Winn.** That is all I know of that I also recommend to some people. I am sure that it seems out of line, but I feel just as frustrated as maybe you do and many medical people in this area do, and I have recommended possibly consulting with Osawatomie officials if they are in this district and there are some drug abusers and users down there. That is not their specialty, of course, and I do not really think that they want particularly to get into that field. That is the feeling I get.

I have also talked to Roy Menninger, when we were talking about having these hearings, and Dr. Menninger is very sympathetic to the problems that this committee faces and wants to know what we are going to recommend. And I said, "Doctor, we are not recommending at this time. We are searching, and we are searching all over the country," and he recommended five top men in the Nation and organizations. The funny thing was, of the top five he recommended in this Nation, we heard from the fifth one last week in San Francisco, the other four had already appeared before this committee.

So, it seems to be a very narrow field wherein we can tell parents, and children, and young people where they can go to get the help.

I will guarantee you that this committee is just as frustrated as your organization and probably DIG and Renaissance West, and so on, on how to answer Dr. Menninger.

Mr. Chairman, we will hear more about it this afternoon, the methadone treatment, but I have an article right here, again in the morning paper, that says "Methadone overdose deaths rise." They are now getting higher than heroin. So, it is obvious we do not have the entire answer in methadone.

I appreciate both of you appearing before the committee, because, when I talked to the chairman originally, I told him we had some programs out here that were constructive.

I appreciate your appearing. I am sorry I missed your testimony.

Dr. O'CONNOR. Let me thank you very much for holding these, because I think none of these youngsters would have come—and I would not have come—if we did not feel that part of what we really had to do to get the problem solved was to turn to people who were experts in Government. I have been very critical in some of the procedures that have caused difficulty for our program.

The reason I have talked about them is because I do not think I know how to solve them. I am not sure I even know what the problem is. But I would not even mention them unless I thought they would receive some response.

So, I appreciate your listening.

Chairman PEPPER. Dr. O'Connor and Mrs. Sturges, we want to compliment you on the great work you are doing. We just wish there were more programs like yours over the country.

Thank you very much for coming.

(Dr. O'Connor's prepared statement follows:)

PREPARED STATEMENT OF DR. WILLIAM O'CONNOR, DIRECTOR, DRUG INTERVENTION GROUP (DIG), JOHNSON COUNTY, KANS.

Awareness of the problems of drug abuse and effective responses were minimal in the Kansas City area until the fall of 1970. At that time a small group of citizens, professionals and youth began exploring ways to combat drug abuse in Johnson County, Kansas. It soon became evident that the problem was of major proportions, with an estimated 9,000 of the county's 44,500 youth experiencing abuse difficulties. For this reason, a one-year discretionary grant was requested from the federal Law Enforcement Assistance Agency and implemented in June of 1971.

The Kansas City area presents special difficulties in identifying drug abuse problems and implementing effective programs. Moving from the center to the periphery of the metropolitan area, the proportion of juveniles increases, as does the number of court jurisdictions, municipalities, agencies, and organizational units of all types. In Johnson County, one of eight counties within the metropolitan complex, both county and thirteen municipal jurisdictions exist, with a variety of school districts and agencies related to drug abuse.

In this type of situation, awareness of the problem and cooperation in solutions develop slowly. But by January of 1972 referrals had grown to 200 per month, with 600 members actively involved in the project and a recidivism rate of less than 5%. With 2,500 members of the community participating in training experiences each three-month period, volunteer staff grew and community support mushroomed. A more accurate survey conducted at that time revealed more than 11,000 abusers among the county's youth.

The DIG model, based on small group, peer influence and the availability of alternatives to chemical abuse, is now well recognized across the nation. As a demonstration project during its first year, DIG staff made presentations to national conventions in San Francisco and Chicago, and mailed in excess of 500 handbooks to organizations in other communities. The basic goals of the program are as follows:

(1) PREVENTION OF DRUG ABUSE THROUGH

(*a*) drug intervention groups and crisis teams whose members actively oppose chemical abuse in their own peer networks.

(*b*) prevention of deviant patterns of behavior through family support groups, agency training, and development of positive alternatives for youth, and.

(*c*) prevention of preconditions of drug abuse through consultation with and reorganization of community resources.

(2) INTERVENTION IN PATTERNS OF DRUG ABUSE THROUGH

(*a*) new peer group (DIG) and increased alternatives to drug abuse for youth and as support for court related programs, and,

(*b*) crisis and early detection programs to involve abusers in direct services.

(3) REHABILITATION OF HABITUAL ABUSERS THROUGH

(*a*) intensive group sessions and activity programs for chronic abusers,

(*b*) community re-entry support through new peer influences following detoxification or inpatient programs, and,

(*c*) re-entry and support for probation and parole programs through new peer groups, intensive group sessions, and extensive activity programs leading to new alternatives for the abusers.

As the program developed, drug use has become less a focus of efforts, while emphasis on techniques for solving underlying problems have been emphasized on an individual level, institutional level, and total ecological or community system basis.

SERVICES AND TARGET GROUPS

Both professional and volunteer staff offer services to any youth or adult who wishes to join the organization. While no eligibility requirements exist, most members are from Johnson County, with some from Wyandotte and southern Jackson counties. Most are youth with regular chemical usage patterns, or parents of youthful abusers. Stimulants and depressants are most commonly abused (along with general marijuana use), with hallucinogens, less common, opiates infrequent but increasing. An increasing number are also seen with minor drug problems and major social and/or psychological problems.

Crisis services, outpatient services, and a range of at least 80 different program areas are offered. The decentralization organization of the program and use of DIG group (consisting of less than 10 members) as basic organizational units has fostered a very personal, individual, non-bureaucratic climate which seems effective with chemical abusers.

There are currently 500 formal members and 11,000 informal "affiliates" (individuals who "drop in" to talk to a DIG member on a repeated basis).

Formal liaison is maintained with other community groups, and regular training and consultation occurs.

By the spring of 1971, further coordination and cooperation had developed. Representatives of the major organizations offering treatment and prevention services for drug abusers began a series of meetings to review area wide needs and resources. In conjunction with law enforcement and planning groups, the council quickly recognized a need for a variety of treatment modes, the necessity for cross-referral and follow-up approaches, and the impracticality of duplicate or fragmented services in the many jurisdictions in the greater Kansas City area.

On a voluntary basis, council members initiated an open cross-referral and follow-up system, shared staff, budgets, and many training and evaluation resources, and began long-range planning to eliminate duplication of efforts and to invest limited resources in those programs which showed maximum effectiveness for the most critical community needs. The DIG program particularly benefitted from a cross-referral arrangement with Renaissance West, the only drug-free therapeutic community in the area, and with the resources of K.U. Medical Center, Western Missouri Mental Health Center, and Phoenix Center, a prevention oriented street level program in Kansas City, Missouri.

Using data from the following agencies, patterns of abuse were mapped by census tracts:

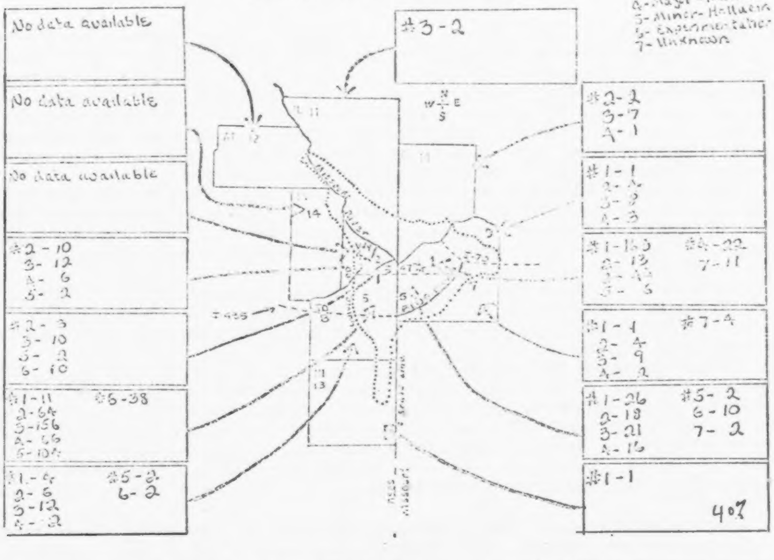
Comprehensive Health Planning Agency.
Citizen Representative Council, Drug Abuse.
Drug Abuse Law Enforcement Office (DALE).
Department of Health, Education, and Welfare, Regional Office.
Drug Intervention Group Program, Johnson County, Kansas.
Greater Kansas City Mental Health Foundation.
Jackson County Jail.
Jackson County Prosecutor's Office.
Kansas City Area Medical Societies.
Law Enforcement Assistance Administration (LEAA), Regional and State Offices.

Narcotic Addiction Rehabilitation Act (NARA) Program.
Osawatomie State Hospital.
Outreach Program, Western Missouri Mental Health Center.
Phoenix Center.
Probation and Parole Officers, Federal, Misouri; Jackson County and Kansas City, Missouri.
Renaissance West, Inc.
University of Kansas Medical Center, Methadone Program, Outpatient Psychiatry Department.
Vocational Rehabilitation Office.
Western Missouri Mental Health Center.

Each treatment program in the area determined the location, type of abuse, and demographic characteristics of each client over at least a one-year period.

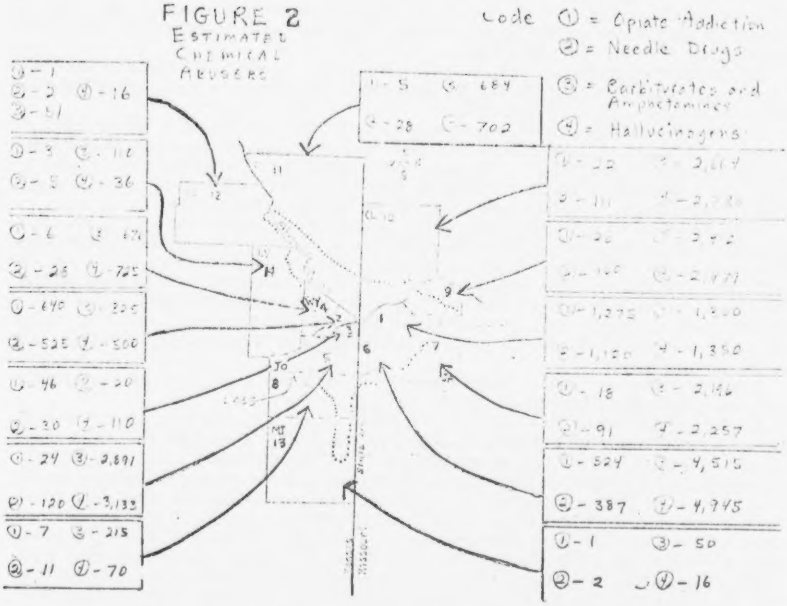
Figure 2
Known Abusers in Treatment

Code 1 - Opiate Addict
2 - Needle Drugs
3 - Barbs - Amphet.
4 - Major - Hallucin.
5 - Minor - Hallucin
6 - Experimentation
7 - Unknown


No data available
No data available
No data available
#2 - 10
3 - 12
4 - 6
5 - 2
#2 - 3
3 - 10
5 - 2
6 - 10
#1 - 11
2 - 64
3 - 156
4 - 66
5 - 104
#6 - 38
#1 - 6
2 - 6
3 - 12
4 - 2
#5 - 2
6 - 2
#3 - 2
N
W
E
S
#2 - 2
3 - 7
4 - 1
#1 - 1
2 - 4
3 - 9
4 - 3
#4 - 22
7 - 11
#1 - 4
2 - 4
3 - 9
4 - 2
#7 - 4
#1 - 26
2 - 18
3 - 21
4 - 16
#5 - 2
6 - 10
7 - 2
#1 - 1
407

Because programs do not draw clients from some zones of the city, these areas are not represented except by occasional referrals. Furthermore, these figures represent only treated clients, a small proportion of the total. However, several accurate estimates of total abuse have been made for specific zones of the city; therefore, by applying total incidence figures from one census tract to other tracts with near identical demographic characteristics (via 1970 census data), accurate estimate can be obtained. For example, no data exist for many tracts in southern Jackson County which are continuous with and virtually identical to sub-division homes adjacent on the Kansas side of the line (where LEAA figures have been obtained through the DIG program). Estimated abusers are shown in Figure 2.

FIGURE 2
ESTIMATED CHEMICAL ABUSERS


Code ① = Opiate Addiction
② = Needle Drugs
③ = Barbiturates and Amphetamines
④ = Hallucinogens
①-1 ②-2 ④-16 ③-51
①-3 ②-5 ④-36
①-6 ②-28 ④-725
①-640 ③-325 ②-525 ④-500
①-46 ②-30 ④-110
①-24 ③-2,891 ②-120 ④-3,133
①-7 ③-215 ②-11 ④-70
①-5 ③-684 ②-28 ④-702
④-2,471
①-1,275 ②-1,120 ④-1,350
①-18 ②-91 ④-2,257
①-524 ③-4,515 ②-387 ④-4,745
①-1 ③-50 ②-2 ④-16
11
12
14
WY 4
1
2
3
5
6
7
JO 8
9
CL 10
MI 13
STATE LINE
KANSAS
MISSOURI

The procedure does result in one major inaccuracy. Individuals rarely present themselves for treatment or help with the use of halucinogens, with experimentation, or with the so-called "soft drug" problems which may interfere with a young person's life and which may progress to more serious problems. A general consensus of expert opinion in this area suggests that at least a quarter of the youth (consistent with actual findings in Johnson County) are involved in the use of chemicals in a way which interferes with their functioning.

It is also evident from these figures that a very small proportion of youth with drug abuse problems are able to receive help; furthermore, their alternatives are generally limited to one type of program in any given county within the Kansas City area.

From what has been said so far, it might seem that Kansas City has made progress in the field of drug abuse. It appears that cooperation among agencies has developed, and that several highly effective programs have been tested. Unfortunately, we are currently faced with the reality that drug abuse efforts are deteriorating and may be virtually non-existent by the end of this year. Renaissance West, the only drug free residential center available in this region, is in the process of closing. Phoenix Center, which operates the only prevention program on the Missouri side of the line, has received major funding through the Renaissance project and appears to be in jeopardy. The DIG project, recognized as highly successful to this point, is also in the process of closing, with most of its staff terminated and most of its groups unsupervised. Within a few months, the only modality available to youth in this area will be methadone maintenance.

The reasons for such deterioration are clear. The original one-year DIG project ended on May 31 of this year. The regional office of LEAA had indicated that no federal funds were available, so a request was made to the Governor's Committee on Criminal Adminstration to continue the program for a second year. G.C.C.A. finally agreed, but reduced the budget from $132,000 to $78,000. At the committee meeting, the project was then reduced by half and limited to a six-month basis.

While no written communication as to the results of a June audit has been received, it appears that no fiscal irregularities occurred. However, a number of complaints were voiced including such issues as the following.

A campaign poster, left by one of the youngsters in the program, was found rolled up on a table in the storage room; this was said to constitute political activity on the part of the program.

An arithmetic error was made by the auditors, resulting in their indicating that matching funds were not sufficient when they had, in fact, exceeded the required amount very significantly.

The State Committee staff arrived with a folder containing a letter from a Johnson County citizen charging that DIG conducted group meetings, that group meetings were the equivalent of sensitivity training, that sensitivity training was the equivalent of brain washing, and thus, that DIG was a communist front organization; considerable discussions of this area ensued.

A group of professionals, those who originally designed and developed the project, had formed a non-profit corporation so as to obtain professional consultation at less than $12.50 per hour; after the consultant's books were also audited, with the implication that excessive fees might be involved, it was determined that in addition to volunteer time professionals had accrued $3,000 in cash debts which they had paid out of pocket to support the program; G.C.C.A. then declared that the professional group was a financially unsound organization and could not be used.

A variety of such issues were raised, but nothing was received in writing and no apparent follow-up occurred.

As the project began its second year, we discovered with the first payroll period that no state funds had been forwarded to the county although they had been approved and allocated. Upon contacting G.C.C.A., we were told that we had not submitted a form showing prior expenditures and requesting the next month's voucher; upon further inquiry, we were told that even though everyone knew that no expenditures had been made prior to the first month of the project, we must still submit the form showing no expenditures subtracted from the total amount of award. At the same time, we received a letter which had been sent to the wrong office advising us of a seminar covering regulations for implementing G.C.C.A. projects; the letter arrived after the date on which the seminar was offered, and after thirteen months of operation.

On September 29, the project administrator checked with county officials and discovered that again no voucher had been received to pay September expenditures. Upon contacting G.C.C.A., he was verbally notified that the voucher was being withheld for the following reasons:

First, professional consultation should be obtained by open bid, with such professional consultation awarded to the lowest bidder. Second, Karen S. O'Connor, who has coordinated training and provided group supervision since the beginning of the project and whose prior experience includes directing federal staff training projects, should be terminated from the project since she is also married to the project director, thus creating a situation in which two checks go to the same household, thus constituting conflict of interest and necessitating termination of the wife. Third, $12.50 per hour may be excessive for consultants (including board certified psychiatrists and state certified, doctoral level clinical psychologists if such individuals have held any state job at a lower rate of pay in the past. Fourth, termination of any of these individuals would constitute automatic admission of guilt, necessitating that they repay any money earned during the project.

Written confirmation of these statements has been requested, but has not been received nor has a voucher for the September payroll.

The results of such actions create absolutely chaotic effects on a program.

It is impossible to withhold information regarding such difficulties from the staff when no paychecks are available for more than thirty days after payment is scheduled. We have had situations were our youth staff, some of whom live on $150 a month as their sole source of support, literally panhandled for meals during a month in which they received no payment. We have at this point lost all of our professional consultants and supervisors, including the project coordinator and training coordinator, since consultants are unwilling to open themselves to the possibility of working at approximately one-third their usual earning rate and then having to repay funds. We had already lost, in the budget cut, all of our community liaison and program evaluation personnel, and my time as project director had been reduced to one-half day per week. Of our six youth staff, four have terminated, and our crisis switchboard has been closed. We are watching, in a very literal sense, individuals with drug abuse problems apply to the program and enter unsupervised groups which then deteriorate leading to serious loss of confidence and return to patterns of drug abuse. At the present time, we have no professionals continuing in the program with the exception of myself at 10% time, only two youth staff, and no capacity to respond to any crisis call which we may receive. The effects on morale throughout our volunteer staff are disastrous, and we are faced with the prospect of terminating the program before a serious situation is produced by lack of adequate staff coverage.

I have taken time only to outline a few of the difficulties we have had in this area, and I've discovered that our difficulties are not at all unique. Renaissance West has had its funds discontinued on the basis of "racism". The Renaissance project currently has a 25% Black population, and partially supports the Phoenix Center which relates almost exclusively to the Black and Mexican-American community in Kansas City, Missouri. When the Northwest Missouri Law Enforcement Assistance Council discontinued the project on the basis of too low a proportion of Black residents, the motion was made and seconded by three White members of the council who amended the resolution to award Renaissance funds to a program directly administered by council members. The program, for which the funds were placed in escrow, has not been implemented at this time. The Renaissance project is in the process of contacting residential programs in other areas of the country to place its remaining members. Evaluation of the Renaissance program by an outside group indicated that it is one of the most effective programs of its type in the country.

The coordinating effort in process by the Greater Kansas City Council on Narcotics and Drug Abuse has suffered from similar administrative confusion. For a period of approximately three months, the council has been preparing information on the TASC (Treatment Alternatives to Street Crime) program announced by the special action office on drug abuse. Numerous letters had been sent to SAODAP but no concrete guidelines had been obtained. The plan was to implement services for arrested heroin addicts on an eight-county basis, with cooperative use of all existing resources. However, after these efforts Mayor Wheeler of Kansas City was contacted by SAODAP and told that funds were available for the city of Kansas City, Missouri only, and that a local drug council should be appointed to coordinate efforts. When I attended the public meeting at which the TASC program was presented, the SAODAP representative referred to the "city of Kansas", apparently being unsure of both the city and state in which the funds were to be awarded.

We have found, much to our discouragement, that accurate information about possible sources of funding for drug abuse programs has not been available to us from regional HEW or LEAA sources, that contacts with the Special Action Office have not been effective, and that our only significant source of information regarding drug abuse efforts has been through congressmen and senators or through the Drug Abuse Law Enforcement Agency, which is not even responsible for rehabilitation and prevention programs.

The problems are not entirely on the state and federal level, of course; with such confusion at that level, it becomes difficult to maintain liaison at a local level and we have continuously had problems as a result of the confusion which appears rampant in the area of drug abuse. The majority of the people whom I consider most knowledgeable and most dedicated in the field of drug abuse have flatly refused to continue involving themselves in the field, and have come to feel that their efforts have been largely wasted. I must say that I personally share this opinion, and foresee a growing drug abuse problem among youth with a steady progression toward the use of stimulants, depressants, and opiates among our 14 to 20 year old residents.

When a program can be criticized, demoralized, disrupted, or discontinued based on retroactive application of a new interpretation of a regulation, then progress becomes impossible. We managed, in the programs implemented in this area, to strictly follow all county, state civil service, and federal regulations as they have been applied to programs above reproach in the prior experience of skilled administrators; I am aware of no criticism which could be leveled based on state civil service or HEW standards; but this has apparently not been enough.

With G.C.C.A.'s termination of our group supervisor, the DIG program lost the very last professional willing to take the risk of sticking with the project.

I believe, in the deterioration of local programs, that we are seeing the very process which produces a widening gap between those who make decisions and those who need services, between adults in positions of responsibility and youth who mistrust them, and between those who have resources and those who have needs. Such a chasm of mistrust is a central cause of the drug abuse problem. We have been trying to implement programs based on trust in a climate of paranoia.

But even in this situation, there still are recommendations which could result in major advances. If we are to really do anything about drug abuse, and not merely make it a financial and publicity grab-bag, the metropolitan area must first have prevention programs at the primary, secondary, and tertiary level. By this I mean that we must prevent drug abuse through approaches known to be effective, approaches such as that of Phoenix House and DIG which utilize the peer communication networks and dedicated youth themselves to mobilize support for more constructive alternatives than chemical abuse. We must secondly have intervention approaches, such as free access to small groups and street level access which allows individuals to interrupt their career of chemical abuse as early as possible and to receive the most sympathetic attention possible before they progress toward the total disruption of their lives. And third, we must have genuine tertiary or rehabilitation programs which do more than enforce urine surveillance and which offer opportunities for constructive participation in the community, economic self-sufficiency, and access to all of the areas of positive living which the community can provide.

We will not make progress if we dump one million dollars into the Kansas City area to combat heroin among criminals, but only $79,000 for everything else. The Kansas City area, in the center of the nation, is less vulnerable to the abuse of opiates and more in danger of massive stimulant and depressant habituation than are most other areas of the country. We are, at the present time, on the threshold of a transition from experimentation and the use of hallucinogens to hard core patterns of the use of such drugs as amphetamines and barbiturates.

Secondly, it is necessary that the Kansas City area implement programs on an areas wide basis with all legal and agency jurisdictions involved. If we limit efforts to one type of approach or one area, the effect is that of spreading abuse to other areas. The activities of the professional pusher and deviate personality are left unchecked. I am convinced that it is possible to combat drug abuse without well balanced efforts including both enforcement and treatment approaches.

Third, the area must have access to available funds, without the necessity of hiring professional grant writers to obtain what conforms to guidelines but does not meet the needs of Kansas City. Bureaucracy has at times solved this dilemma, as with the use of a comprehensive health planning agency to assist in the delivery of health care services or in the case of NIMH procedures which allow an individual to submit an application which meets an important need without knowing the particular review commitee to which it will ultimately be channeled.

Fourth, we must eliminate the power struggles that are produced when review committees can, in effect, fund themselves. It appears to me that the majority of funds allocated in the area of drug abuse are awarded to organizations with a representative on review committees at the local or state level.

Fifth, we must eliminate the tendency to create a czar and a pyramidal structure which suppresses street level and innovative programs and which insulates high level professional planners from efforts which will receive support where it counts. Recent speculation that an overall federal director would be imported to the Kansas City area make me concerned that we will lose cooperation in the name of coordination and create merely another level of intrigue to be hurdled by individuals whose only talent lies in implementing effective programs.

Sixth, we must have long-term funding. Most projects are approved for a one-year period, and cannot maintain their efforts long enough to make major progress. In the case of DIG, we are faced with the irony that use of psychodelic drugs may be tapering off but the termination of the program will support a transition by some individuals toward barbiturates and amphetamines; thus temporary success produces long-range damage, as programs are debilitated by the need to continuously struggle to prepare and protect next year's budget.

For this area specifically, I believe it is clear that the major thrust of drug abuse efforts should be in the area of prevention. Our problem is as great as that of the East and West coasts, but at a slightly earlier stage. If we cannot intervene early in patterns of abuse and cannot focus on drugs such as amphetamines and barbiturates, then we will certainly be in the sad condition of those communities whose resources must now be channeled almost entirely into massive methadone maintenance programs.

We are also faced in this area with a lack of significant alternatives for youth, for those who are poor, and for minorities. It takes little experience in drug abuse to know that detoxification and monitoring are of little use if an individual has no satisfying area in his life other than chemicals. I am aware that this society has more youth than it needs, and that they are easily expendable. Unless we can view drug abuse as one of the sypmtoms of population, prosperity, and advanced technology, then we will do little but treat the symptoms and foster the illness.

Third, this mid-western area desperately needs access and support by federal agencies, not control and harassment. It is virtually impossible to conduct business with Washington by telephone as a means of designing drug abuse programs. But we have no office which offers expert help in obtaining information about actual sources of state or federal support.

Fourth, we are desperately in need of a mechanism to objectively review applications. Again, organizations such as CHP or the mechanism used in NIMH which requires review by individuals who have no direct interest in the project is the only feasible way of designing effective community responses.

And finally, it is obvious in such a diverse and complex community that we must foster many small programs which can tailor their approach to local needs, not centralized to the point that every resource is so massive that it frightens the potential client. If we could have objective review, help and access through state and federal agencies, genuine programs of alternatives, and the possibility of prevention then I believe we could do something about the problem of drug abuse.

We have, in the Kansas City area, the basic resources needed to do the job. Most important, we have tried a variety of approaches and we know what does work. There are groups which voluntarily cooperate and have not been coerced into a coordinated effort, such as the Greater Kansas City Council on Narcotics and Drug Abuse, the Community Health Planning Agency, the liaison between all aspects of law enforcement and the DIG program in Johnson County. We do know how to design programs that are tailored to the Kansas City area, and we have many dedicated individuals from the ranks of youth, parents, and professionals.

As a closing point, I am attaching to my statement a presentation which was made on October 15, a year ago. In that statement, we outlined almost the same problems which are confronting us at this time and which I have discussed in my statement to you. And in that time we appear to have made little progress in solving the basic problem of trust among people in the context of a complex bureaucracy. I have no solutions to offer this committee in that area, but have presented my remarks to you in the hopes that your governmental expertise will lead to constructive solutions. We have the problems and we have the resources, but we have not been able to use them.

Enclosure: (1).

(Enclosure 1)

SOCIAL IMPLICATIONS OF DRUG ABUSE—KANSAS PSYCHIATRIC ASSOCIATION SYMPOSIUM ON DRUG ABUSE

WILLIAM A. O'CONNOR, PH. D., AND PHIL KLINE

Over the past two and a half years, several colleagues[1] and myself have been involved in a series of projects[2] in the mental health field which have necessitated exploration of alternatives to an adjustment model. Adjustment models—those which assume that the individual must change in some internal fashion—have largely dominated clinical practice for decades, whether the adjustment is seen as resolution of conflict, learning, insight, awareness, desensitization, tranquilization, or improved interpersonal skills. The adjustment assumption supports therapy hours, inpatient institutions, day centers, rehabilitation programs, emergency services, and most of our professional acts. It does seen to have a place, and it has undoubtedly accomplished many things, with one glaring exception: we have as much mental illness, deviancy, and distress as we had before Freud.

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[1] Major contributions to the concepts reviewed here were made by Karen S. O'Connor, R.N., Jan B. Roosa, Ph.D., Byron F. Eicher, M.A., and Robert E. Kifer, B.A., Johnson County DIG Program and Osawatomie State Hospital.

[2] MH10537, MH01678, MH20648, Osawatomie State Hospital, L.E.A.A. DF2723, Johnson County Council on Drug Abuse.

This unpleasant flaw in our professional armamentarium became of monstrous importance when we found ourselves the victim of success, saddled with a federal grant to accomplish a very simple goal: reduce drug abuse in a major population center, preferably in one year. After six months of experimentation and four months of operation, I can report a sobering and disquieting result. It seems to be working. I think I know how it works. What puzzles me is why.

The search for some rationale has led to interestingly obscure sources. The keystone is a simple bit of research done by Moos in 1967. Moos studied VA patients; he focused on the individual's characteristics, called P for person variables; the characteristics of their milieu or treatment programs, called S for settings; and outcome, results. He reached a typically understated conclusion; neither P nor S accounted for as much outcome as did the interaction of person and setting. The results replicate; they happen over and over again.

When Moos' results are combined with another bit of drug investigation, the plot thickens. Barker, Gump, and a number of Kansas researchers (1964) have been exploring what they call behavior settings. A behavior setting is simply a time and place where people generally behave in similar and consistent ways: a church, a drugstore, a job. The very similarity and consistency of behavior across individuals in the same setting suggests interesting possibilities.

If the setting itself is that predictive of individual behavior, perhaps personality is merely what Berger (1963) has called the slender thread of memory as individuals move from setting to setting. Perhaps, in the area of drug abuse, it really is the interaction of person and setting that makes the DIG program work. And perhaps in DIG we are not following an adjustment model, but a change model: one which says, "If you are not normal in your current settings, develop the competence to change them or to find new ones."

To clear our own minds, we first attempted to describe the personality or characteristics of the drug abusers, the P. We found four characteristics. First, drug abusers express a strong need and desire to control their own metabolic processes. Second, drug abusers express a strong desire to regulate their own level of stimulation. Third, drug abusers express a strong desire to modify and create alternatives to their social role. Fourth, drug abusers express a strong desire to modify their experience of time and distance, particularly time with and distance from other people.

Chemicals can, of course, do all these things. By selecting a specific drug, one can speed his body up, slow it down, make it feel pleasure, make it feel almost nothing at all, make it wake up, make it go to sleep, or practically anything else. With the right chemical, stimulation can be increased or decreased, certain stimuli can become the focus of an unusual degree of concentration, or certain stimuli can be reduced or blocked. Similiarly, one can modify one's role with a selected chemical; one can no longer be a student or youth or lawyer or a doctor; one can be, for a predictable period of time, just a person or a part of the cosmos or even a doorknob. Finally, time and space are easily modified through the use of chemicals; one can become speeded up or spaced out, isolated or in touch with practically anything or everything, and one can choose a selected distance or interpersonal experience and make it almost as intense and long as the mind desires.

We were delighted. We felt we had found the characteristics of the drug abuser. Then someone pointed out that virtually every other dissenting, subcultural, minority, or deviant group has the same concerns. Welfare Rights organizations object strenuously to a distribution of economic resources which has the effect of limiting recipients to high carbohydrate, low protein diets and the obvious effects on metabolic processes; women's liberation groups have strong asserted the right of the individual to control such metabolic events as pregnancy, militants object to environmental conditions promoting poor health, mace, tear gas, bullets, police dogs, and a highly selective Selective Service. The list is exhaustive.

Self-regulation of stimulation has also been a primary concern. Militant groups insist on a major role in their own educational stimulation, the kind of stimulation that derives from housing, the kinds of books and movies which may be viewed, and a list of other liberation topics too long to detail.

An increasing number of groups, as well, have objected to a limited role, whether it be the role of student, black, female, Chicano, Jew, hippy, et cetera.

And many groups have objected to the space and time limitations which they feel are externally imposed: to segregation of public places, to job or educational demands which impair personal activities, to the lack of a public voice, to the lack of social significance, to the lack of time and opportunity for personal relationships, and to the lack of intimacy in a technological and bureaucratic world.

We were delighted. Perhaps we had found a general theory of deviancy. Then someone pointed out that the great cultural majority, the normal citizen, has the same concerns. We are all concerned about regular medical care, dental checkups, pollution, fluoride in the water, heart attacks, twenty-four-hour cold capsules, atomic radiation, and the stresses of daily life. We are all concerned with our level of stimulation, whether it be what we view on television, what our children are taught in school, how we unwind in the evening, what kinds of recreation and vacation opportunities are available, whether we should attend sensitivity groups, and in general whether we can get into what we want to be into and away from what we choose to be away from. We are all concerned with our role, even if the role is that of physician, and we have great difficulty inducing most people to respond to us as individual human beings, great difficulty spending a reasonable amount of time with our families, great difficulty convincing people that they cannot call at 2:00 a.m. even if they feel bad, and all of the other hazards attended upon public role. And we are concerned with time and space; time to be with those we care most about, opportunities to be intimate, mechanisms for avoiding people that we do not care for and less time on the public and impersonal treadmill.

We concluded, finally, that there is no psychological profile of the drug abuser. That was the time at which we abandoned adjustment theory. We decided instead to look at S, settings, the environment. Perhaps some magical answer would be found there.

We immediately noticed that many drug abusers and a good number of drug users do not participate heavily in the ordinary and majority culture behavior settings. This is known as "Lack of motivation" in the Sunday supplement newspaper articles. Perhaps, we thought, these individuals were not sufficiently skilled to participate in important settings; but that speculation did not hold water. Then we noticed a simple fact. Behavior settings are overcrowded.

Barker and Gump, in their study of school settings, determined that, as an institution increases in size, the number of settings do not increase proportionately. In the small school, there is likely to be a football team and a debate squad and a drama club; everybody is needed, and one individual can participate in all of these. For the "average dude", however, participation in such settings in an extremely large school requires a phenomenal degree of expertise, even at the junior high school level. Perhaps, as a society becomes larger and larger, the criteria for membership in rewarding and well reinforced behavior settings become higher and higher. Competencies must increase or an individual is excluded from the behavior setting. With stress, of course, the exclusion process becomes more severe; as a business goes in the red, it must either demand more of its producers or it must fire the least efficient. Stress, of course, can also impair competence. Perhaps the exclusion process, based on the interaction of personal competence and setting criteria, did have something to do with the epidemic proportions of drug abuse. We had concluded exactly what Moss had discovered in the Veterans' Administration Hospital. Drug abuse appears to be an interaction of person and setting.

Now, our DIG program is a peculiar organization. It was created and molded largely through the participation of drug users and former drug users. It is an organization in which every individual can achieve maximum penetration into the maximum number of behavior settings with clear setting demands. It is a pluralistic organization, and it is inclusive. It also has a recedivism rate over the first eleven months of two percent, a figure which is so embarrassingly low that we are afraid to mention it and cannot believe that it will be sustained. We assume that we must have miscalculated, but we are using the same methods as those used by other institutions in assessing outcome. Again, we ask, why does it work? What we are asking about is the relationship of person and setting in this organization. What is our supposedly therapeutic model?

By and large, what happens within the organization is based upon what we term "complete communication," a statement of personal position with a direct request for the position of the other person and willingness to negotiate; there is a heavy emphasis on avoiding irrelevant, compliant, blaming, or half-completed statements. This leads to a four step problem procedure which is generally followed. When complete communication occurs, a group can assist an individual member in dealing constructively with real life situations without exerting coercion or control. This process involves the following steps: step 1, situation: the individual identifies situations he wishes to consider; step 2, options; the individual and his group share similar situations and select relevent alternatives; step 3, consequences; group members who have had similar experiences share the outcome and the success potential of various options; step 4; simulation or action: the group does not select an option for its member, rather the individual member chooses his own desired consequence and option. A peculiar relationship is defined between individual and group. Only an individual can decide what situation he wishes to declare a problem and what action he chooses to take. This part of the process is no one else's business. On the other hand, the group serves as an experiential, pool or resource; it can derive a maximum number of alternatives and reasonably accurate predictions about future acts.

With this kind of a system, the original DIG group of 15 members expanded to an organization with 300 members and an undetermined number of components; crisis teams, DIG groups, adult intervention groups, a leather shop, candle craft, community relationships groups, crisis switchboard, training groups, rap sessions, supervision sessions, public orientation meetings, and a variety of other settings which I am sure are unknown to me as project director. They develop through a negotiation process.

A second problem confronting the organization was the problem of increasing size. Would behavior settings decrease as the organization increased? This was dealt with through a peculiar rejection of organizational hierarchy. Each group is autonomous, so long as it affects only itself, and all membership is voluntary. Each group selects a liaison person, who must negotiate any action which would have an effect on another component. All liaison persons meet in a coordinating committee, which is the sole policy making body of the organization. If any individual is not comfortable in a given behavior setting, he can create one so long as he can find one other person to join him and can negotiate it with other components affected.

Over time, individuals must go outside the organization to involve new members, since everyone inside is maximally involved in behavior settings. Rather than over-manned settings we have the "over setting-ed" man. Nobody is expendable.

In order to accomplish this outward direction, external liaison personnel are continuously appointed to relate to the major systems in the community: to the legal system, the educational system, the health and welfare system, the economic system, and the indigenous systems. The membership, then, doubles itself on a monthly basis. By the standards originally set, we seem to be on timetable. The outcome is successful—involving more people in the abatement of drug abuse with low recidivism. However, one embarrassing result also occurs; we can discern absolutely no personality change in our members—they only become successful in their daily lives.

Now this raises some major problems about the current popular systems of drug intervention. For purposes of general discomfort and anxiety, let me review the logical conclusions of a change model of drug abatement: one which assumes that the interaction of person and system produces maximum outcome.

First, the current behavior of most legal systems seems to be ineffective. That is, controlling the consumer or "busts" seem to have little effect on the incidence of drug abuse. My inference is that a bust is simply part of the exclusion process, for it further reduces the individual's participation in behavior settings. A behavior setting might be defined as equal to an opportunity. In this, the land of opportunity and the home of the free and brave, one wonders if prison or jail is an opportunity and if that behavior setting allows free and maximum participation in a maximum number of other settings with pluralistic demand characteristics. I believe that maximum participation across settings, in prison terms, is known as a jail break.

I've also begun to wonder about the reality of attempting to reduce the supply, that is, to catch the pusher. I am not, and let me be perfectly clear about this, speaking out in defense of dirty old men in raincoats who hang around playgrounds selling dope. But it seems to me that limiting our approach to catching pushers will simply select the population of pushers until they are brighter and brighter, thus more able to successfully compete (for higher wages) with the police officer who is consistently dependent upon public apathy for his means of support.

Experience with the world's oldest profession suggests that arresting the supplier is not the key to success; rather, we must reduce the demand for services. We are again confronted with that nasty failure in the adjustment model, prevention.

Within the educational system, drug education seems to be most in vogue. This is usually accompanied by a high rate of pamphlet distribution. Many people feel that his does not produce prefound personality change, but even if it does produce changes in P we have assumed that change in P alone contributes little to outcome. Perhaps, instead, more alternatives would be helpful within the educational system, more behavior settings, more access, and more direct participation. One might even speculate that the "school without walls" model may be more relevant to drug abuse than is drug education.

In terms of the health system, traditional responses involve the use of a hospital, a clinic, an appointment, or some other mechanism which defines P as a sick person. Again, this may be the case in some instances, just as some individuals with brown eyes are mentally ill and some individuals who play professional football are ill and some individuals who go to graduate school or medical school are ill. But defining the problem as one based in personality is again investing primarily in P, and limits P's participation to one behavior setting in which he must play a minor role. I would have no quarrel with certain inpatient services or rehabilitation approaches which emphasize regular or live-in arrangements. I merely raise the issue of prevention.

Within the economic system, which includes not only business but all of those activities which produce large amounts of money such as federal grants, we seem to be turning toward czars, large community councils, and centralized or regional control. It is very popular to find the men at the top and have them create a community coordinating council with an expert project director. As I have mentioned, this is quite in contrast to the DIG model, and has three interesting results. First, here is minimal room at the top; that behavior setting is over-manned. If you have any question about room at the top, merely become aware of the constant power struggles, manipulations, disagreements, and disorganized psychopathy which has characterized most high level community organizing groups.

Second, there is plenty of room at the bottom but no one participates because penetration in those behavior settings can be minimal. One is rather like the subject in a college psychology experiment. If you have any question about this, merely choose a coordinating council from your local newspaper and then ask any ten long-hairs on the street how much they participate in that particular program.

Finally, such pyramidal structures have the characteristic decreasing proportion of available settings. The project director, convinced of his own expertise, must directly generate each behavior setting. He has to know what is going on, and suffers severe anxiety if some segment develops which is not authorized from the top. The only social phenomenon which may have spread more rapidly than drug use itself is the rise of the drug expert. I sometimes wonder if there are more people doing drug prevention than doing drugs.

Next, the mysterious and frequently mentioned indigenous community bears examination. I suspect that dopers are also following an adjustment model. That is, use of a chemical to adjust yourself is merely a logical extension of our tradition of psychotherapy and psychopharmacology. Further, indigenous groups tend to form isolated subcultures. They relate only to each other, form communes, form tight-knit groups, and generally do not relate to the rest of the world. The critical flaw in this approach is that the subculture becomes a single behavior setting. It must then create its own deviancy and its own exclusion process. An obvious alternative to this polarization is a heavy participation by the indigenous community in the major systems and institutions within the society. I am suggesting pluralism instead of polarization.

As a final comment, I am well aware of the difficulty that all of us have as mental health professionals in adopting positions which involve modification of settings or our environment. We are, after all, a part of that environment and expected to perform certain services for it if we are to be included. The institutions and communities in which we are embedded expect to get exactly what they pay for. I am afraid they are getting it.

I hope that you do not particularly agree with me, but view all of today's program and all of your activities with severe skepticism and a view of the patient-therapist interaction which extends well beyond the limits of office and appointment hour. The remainder of this presentation, reviewing the same points I have covered, will be presented by my colleague, Mr. Phil Kline. Consistent with the philosophy of the organization in which we both work, the views expressed by either one of us do not necessarily represent the views of the other or the organization, but are shared with the greatest respect.

Chairman **Pepper**. Mr. Counsel, call the next witness.

Mr. **Phillips**. Mr. Chairman, the next witness is Dr. William McKnelly, who is the director of a methadone maintenance program and is also on the faculty of the University of Kansas Medical Center.

STATEMENT OF DR. WILLIAM V. McKNELLY, JR., DIRECTOR, PSYCHIATRIC OUTPATIENT DEPARTMENT, UNIVERSITY OF KANSAS MEDICAL CENTER, AND DIRECTOR, UNIVERSITY OF KANSAS METHADONE MAINTENANCE CLINIC

Mr. **Phillips**. Doctor, could you tell us a little bit about your background and how it relates to drug abuse in Kansas?

Dr. **McKnelly**. I am a psychiatrist at the Kansas University Medical Center. And, sort of accidentally, 5 or 6 years ago, there were two addicts who were sent to me by a psychiatrist that trained with us, and they told me about the methadone—he told me about the methadone. I did not believe it. I read about it. I agreed to try it, thinking I would give them the methadone while I sneaked up behind them with my great psychiatric skill and cured them unbeknownst or against their will or with their help, however it came out.

So, after a year and a half—they came very regularly—they approached the subject. They felt I was a damn fine fellow, delighted to talk to me, but they felt they had gone about as far as they could with all of the conversation, headshrinking, but could they just continue to have the methadone and visit with me. That is how I got started.

At that time, at that point, I realized that psychotherapy and psychiatric treatment in the traditional sense was ludicrous. With the vast majority of heroin addicts, it may be a little ludicrous. With the vast majority of anybody—I do not know. So, you witness giving them dope, they do better on cheap dope given by mouth instead of dirty needles. We have to charge a dollar a day, because we do not have a very direct subsidy. And we deliver the dope. That it what we do.

Mr. **Phillips**. I think your nurse told us, humorously, she was the biggest dope dealer in Kansas City.

Dr. **McKnelly**. Hopefully.

Mr. **Phillips**. Doctor, can you tell us how you view the scope of the problem here in Kansas City?

Dr. **McKnelly**. You know, nobody knows. That is, some people in New York City think they have 300,000, some people think they have 600,000, way too many they have. I do not know whether we have 1,000 or 3,000. I can't even define an addict. It is a difficult thing. A lot of people are using who, perhaps, have not used long enough or do not have enough money to get addicted. It is not that they are so pure they would not; circumstances have not yet permitted it. So, you have what they call the chippers, the people who use irregularly, and some women like weekend drugs, just like getting drunk on Friday night, something like that. There are all varieties of participants.

Mr. **Winn**. The ones that are using the drugs on Friday nights, the Saturday night binge sort of thing, are they people that are employed?

Dr. **McKnelly**. They can be. This is not a very high-employed group of people to start with. They hustle.

Mr. **Winn**. From the statistics we have heard and read, there are quite a few people employed that are on drugs, that are working pretty well at their daily job.

Dr. **McKnelly**. Yes.

Mr. **Steiger**. Does this compare with the weekend drunk?

Dr. **McKnelly**. No. It compares with the evening drinker. I mean, some people, they go home and have a martini or two before they eat. Every Friday night, they may not get completely smashed, but they get a good bust on where they probably shouldn't be driving a car. This kind of thing definitely occurs.

To get back to that school question you all were just talking about, you can accuse me of anything you want to. Experimentation in the casual use of drugs is so bloody normal now—and I did not make it that way, and I do not take the responsibility for it, but that is the way it is. I do not like it. Nobody is going to outprohibition with me, because I will go all of the way with him, including alcohol, but, my God, I have to live with it. So, if the casual use of marihuana by people somewhere between 15 and whatever—I do not know what the upper limits are going to be, we have got it. You know, all the waxing eloquence in the world will not change it. We can blame the schools or permissiveness or rigidity. I do not know what to blame, but it is much with us.

Sure, some good students use marihuana, some good workers use marihuana. There are not too many people using amphetamines in high doses who go at anything else. Not too many people can use negligible doses of heroin, but it is done. If you can get your heroin user to go to methadone, it is a waltz. All you have to do is get together. About 60 percent of the people that stay on our program, not all of the people who have ever been on it, but those who stay with us, we can't get over 120.

Mr. **Winn**. What percentage stay on the program?

Dr. **McKnelly**. Over a 5-year period, I would expect we have run through 500 patients that come and go. Here and New Orleans—and we started this after Jaffe's methadone meeting in San Francisco. There are two towns I know of you can walk in and get on methadone the same day, most days anyway, and that is New Orleans and here. Bloom has a higher estimate. He estimates he might be able to get 40 percent of the heroin addicts on methadone. I am guessing about 20 percent. It is not acceptable to everybody, and it is by far the most acceptable treatment there is because it is called a positive reinforcement; you do not have to give up much. It is like you get an alcoholic to contribute by having him just a little bit high all of the time. Well, more people will take that than will take abstinence. I mean, there has been a drug for 20 years that if you took it you would not drink, but nobody would take it. So it would be if you had a drug, medicine, treatment, you took and could not use dope. They could have one, but it will not work; nobody wants it. You could have a million tons of it and couldn't give it away.

So, here you have a significant group of people addicted with all complications, legal and medical, and you have just a certain percentage of them that want to avoid the fun or high of intoxication or kind of life that goes with the street world.

Mr. **Phillips**. They come to your program to rest up?

Dr. McKnelly. Some of them. They come for all manner of reasons. Some come because they want to work, want their wives back. They think they look good or they can beat a case. They won't get another case on while waiting for this one to get tried. Some of this works in spite of themselves. Some of them get fooled. They come for what might be considered an ulterior motive, and we addict them to our dope, and it works out so much better than what they have, they like it and stay with it.

Mr. Phillips. Doctor, do you find there has been an increase in the average age of people attending?

Dr. McKnelly. Yes, sir.

Mr. Phillips. Tell us a little about that.

Dr. McKnelly. Five years ago, the first patients we got, I do not know. The ones we saw were mostly in their thirties, some in their forties, and hardly any under 25, 28. Although our first patients were white, the first couple of years they were predominantly black. In the ghettos you start on heroin like you do on cigarettes. I mean, it is laying around; you take it because it is there. So, they were a healthier group; they were not as "kookey" as the white addicts.

Over the years, we have gradually gotten younger and younger patients, a higher and higher percentage of white people with at least middle-class backgrounds, upper middle-class backgrounds. The others are still with us, but, in a proportionate sense, we see fewer of them relatively. This, I think, is going on all over the country. There are apparently places in New York in middle-class schools where the majority of kids are experimenting heavily with heroin.

Mr. Phillips. That is what we found.

Dr. McKnelly. You know more about it than I would.

Mr. Winn. How young should a person be before you would recommend that they start on the methadone program?

Dr. McKnelly. Well, I guess I believe in what teachers call relative ethics; you know, if I can get them to do something else, that is great. I tried to pay people's ways to the seminar in California. They would not even rip me off for the airline ticket. If you can get them to go to an abstinence program at that stage, you go all out, but we are usually stuck. I frequently waste an hour or two talking to these people, and they do not have any intention of going and committing them does not work. I have done enough of it. Nothing works. It will work in reverse. You get a rebellious kid—if you get rebellious, it used to be that you get pregnant and that fixed the folks. That showed them. A girl could, anyway. A boy could go out and get in some sort of legal hassle. But now, the ways have changed, they are not getting pregnant anymore; everybody does that. What you do, you go on dope. And this is the way a kid will bite off their nose to spite their face, if you wish. Maybe not consciously.

This fixes everybody. There is nothing that will upset a middle-class family any more in this State than this occurrence in a youngster.

I have all of these things going. You come along and take the kid and mommy and dad drags them in and I commit him, as I have done and have become very reluctant to do. It just backfires in your face. They come out more bitter and angry. The same thing if you take a marihuana user and stick him in prison.

Mr. WINN. Let's take the ghetto child or youngster that you mentioned a minute ago. And you say they start in, sometimes, in the ghettos just like the normal kid does when he is starting to smoke a cigarette. All right. So, you get possibly—and we are not trying to say that it is strictly the ghetto, because that has been proven at every hearing we have had and obviously by the testimony here earlier today, that the ghetto is just a part of the overall problem. Let's say that a youngster starts at the age of 8 which was mentioned earlier, and he is hit—what do they smoke at the age of 8, marihuana?

Dr. McKNELLY. I guess.

Mr. WINN. What else would they get in the ghetto?

Dr. McKNELLY. Oh, no. In the ghetto——

Mr. WINN. They could not pay too much.

Dr. McKNELLY. I am sort of super-hip about things like LSD and that jazz. It never amounted to anything. People in the ghetto would go directly onto heroin. This is your difference; your so-called progression theory. Which, incidentally, the New York Narcotic Commission answered that question a long time ago and everybody still keeps worrying about it.

If you use marihuana you are doomed to heroin. That depends on how much heroin is available and where the marihuana smoker lives. If you are in central Harlem, it is easier to get heroin than cigarettes.

Mr. WINN. And not as much money?

Dr. McKNELLY. It is cheap, too; a lot cheaper. Our heroin is the highest in the country, here in Denver and Wichita.

But they get it there; it is just lying around. You have a healthier individual on heroin out of the ghetto, I think. There is no great barrier. It is like a woman alcoholic. Everybody knows a female alcoholic is a lot worse than a male alcoholic. The reason being that there are fewer users. What you are getting is the equivalent of the worst sixth or worst one-fourth of the men.

Mr. WINN. You get this young ghetto child who is 8, 9, 10 years old, and on heroin?

Dr. McKNELLY. That is not going on around here much.

That is a New York phenomenon, I think. I could not tell you much about it.

Mr. WINN. Yes. We had testimony of that type in New York, but I thought you were talking about around here. I am trying to find out at what age would you switch a young person of that type over to methadone, if they knew what they were doing.

Dr. McKNELLY. If I could not do anything else, I would do it at any age.

Mr. WINN. You do not really care what the age is?

Dr. McKNELLY. Yes, I care, you know, but it is like——

Mr. WINN. If you had no alternative?

Dr. McKNELLY. If a guy has appendicitis and will not have an appendectomy, what are you going to do? Fill him full of penicillin and pray. That is exactly what you are going to do, because, you know, people do not frequently do what they ought to do. So, they will not go to a Renaissance, or their parents. Suppose they need psychotherapy. For all practical purposes, there is no decent psychotherapy available unless you can pay $35 an hour for it. That is just a fact of life. I did not make it that way. It is not only here; it is all over the country.

When you get the families and you have to have a psychiatrist for every member of the family, a social worker for each one, and then you could not do them much good, what do you do? You cop out. You can give them the dope. We work real hard—as a matter of fact, we work real hard trying to get them off, and we do not do it very often. They are much harder to treat than a middle-aged person. He kind of knows what the score is. There is nothing harder to treat than a young male full of all of the hormones young males are full of, and they play cops and robbers and like the street scene.

We have a law in Missouri and Kansas that states we do not have to have parental consent. We got the law because the kids would not let us ask for parental consent. We could almost always get it. The parents always knew something big was wrong, whether they knew it was heroin or not.

Mr. Phillips. Can you tell us the youngest methadone patient you have had?

Dr. McKnelly. I think 16 is the youngest I have seen. Right now, we try to avoid these people, because FDA gives us such a hassle about it. The State people do not, but some hero in the Food and Drug Administration—which is, they have got a tough job. I mean I just resent this little detail of their ruling, because the rest of their rules are pretty sensible. But they do not tell you what else you can do with a 16-year-old. He just says, "Not that," which is not a very good solution. We try to avoid it because of the Federal hassle.

We had a 15-year-old.

Mr. Phillips. I have no further questions.

Mr. Winn. Let's go back to the question that we have asked all morning, and we probably will for a long time.

In your opinion, what can the schools do?

We heard some of the students say the school drug week was a farce, or that the drug education programs were sort of laughed at. What would you suggest to the committee that the schools could do to help, to prevent them before they ever get to fellows like yourself or to any other programs?

Dr. McKnelly. Well, I do not think any power on earth is going to prevent.

Mr. Winn. What can we do to help?

Dr. McKnelly. I wish there were.

I wish I could answer, certainly, "the schools." I got a start on campus. We are behind them. They have made some very serious attempts. They are very vulnerable, as you know. The elected Congressman is going to be a good deal more vulnerable than an appointed member of the administration, because you come back and answer every 2 years. These poor guys on the school board answer once a month, and every nut crawls out from under the rocks when you try to do something. the famous advisory board to the South School, you know, the antifluoridation people got together with the antisex people, with the antitax people, and you have to think just to the right of "Ivan the Terrible," standing out there ready to charge down. It is a bipartisan group of "anti's," that is what it is.

And they charge. Suppose you have got a sensible board and a sensible administrator and these people rise up like something out of Loch Lomond and strike them down. They never had a chance. See, they had to come out with a wishy-washy peanuts kind of program. They could teach about sex education, but get a little below the belt, and they have got to stop. They could teach about drugs, but they can't admit there are lots of kids out there using dope and they are going to continue to use dope. It is a prohibition phenomena, you know; a bad one. Because, like we have 8 million, we do not know how many alcoholics we have for sure, but between 6 and 10 million. Even when we repealed prohibition we did not win. We repealed it because it was shoved down our throats. We make it work. There is where I am concluding we are at least on marihuana, and not a good thing in any sense of the word.

Mr. **Winn**. But we have addicts that want to make it legal.

Dr. **McKnelly**. Man, it is a fait accompli. There is a distribution network for marihuana out there that Standard Oil would envy.

Mr. **Winn**. If you were a Member of Congress and you had to vote on it, would you vote?

Dr. **McKnelly**. Not if I had to run for reelection, I wouldn't.

Mr. **Winn**. I am not talking about running for reelection; I am just talking about if you had to vote "Yes," or "No," to legalize marihuana, how would you vote?

You would like to vote "maybe," wouldn't you?

Dr. **McKnelly**. I am for the Presidential Commission. You know I am for the Commission.

It is an age-old thing. The commissioner of New York City, the police commissioner, is no red-eyed liberal, and he wants to legalize heroin. He is quoted as such in the press. Now, this is the kind of bind you get into. It would be a disaster to legalize heroin here, obviously. If this persists though, I could answer your question—I am afraid it is going to persist.

Mr. **Winn**. I am talking about marihuana.

Dr. **McKnelly**. I suppose "Yes." If I could legalize a fairly weak form of marihuana, I would not legalize hashish, and the practical problem there is—it is not a theoretical problem about it, it is: How are you going to keep them from buying the beer and the booze? The concentration of marihuana becomes a greater problem than the marihuana itself.

Mr. **Winn**. What about the combination of marihuana and alcohol?

Dr. **McKnelly**. Bad news.

Mr. **Winn**. Or the use of reds and wines like they are doing on the west coast?

Dr. **McKneely**. Seconal, you know, reds, are probably in most ways worse than heroin, as far as your chances of dying are concerned, or what it does to your mind. Amphetamines—not the needles now, not the infection or the legal parts, and those are things I think you gentlemen could—I think we could get along in medicine with vastly less short-acting barbiturates. Not phenobarbitals. That is a different bag that your technical people, I am sure, can explain. Doctors have started to do this, but, you know, there are 300,000 doctors, or something, and there is going to be a lot of disagreement. Some of them will do anything for a buck. Then, it may be that marihuana is not going to be legalized no matter what you or I think, for a long time, until the people that use it go up and vote it in. And I suppose that will happen someday if they continue their attachment toward it.

But right now, today, we are just beginning, have just recently given FDA authority and the Bureau of Narcotics authority to clamp down on this. I think we need beneficial laws on amphetamines and barbiturates as we currently have on opiates because I think we can control them better than we can opiates.

Mr. Winn. Let me stretch the subject just a minute, and then I am through with my questioning.

You heard me remark earlier about the article that I clipped out of the paper this morning, the Washington Post. It says the deaths by heroin overdose have declined dramatically here—this is in Washington—during the last year, while deaths by methadone overdoses increased, according to city drug treatment authorities and the chief medical examiner.

Statistics, I will skim. It was said yesterday that so far this year the District has had 19 heroin overdose deaths and 26 methadone overdose deaths compared to 60 heroin deaths and 14 methadone deaths in all of 1971.

Of course, we do not have the high number of deaths around here—that is good—that they do in the District of Columbia, but would those same statistics be approximately the same around here?

Dr. McKnelly. We do not have any idea. We have no medical examiners. Which, you know, it is just impossible to tell. You don't get autopsies on people that die.

Mr. Winn. The coroner does not have the legal right to perform an autopsy, does he?

Dr. McKnelly. Well, he does, but the attorneys, there are some very specific circumstances, and if you happen to be middle income——

Mr. Winn. But what if a student's parents did not want that coroner to perform an autopsy?

Dr. McKnelly. They could pitch a fit about it.

Mr. Winn. They could see to it——

Dr. McKnelly. For practical purposes——

Mr. Winn. So, we do not know. There, again, our reporting is not factual.

Dr. McKnelly. You get a violent death, suicide, the doctor said he just tripped over his own gun as he was climbing over the fence and put two bullets to his brain. I think we have barbiturate deaths around here and are currently trying to get the Kansas Legislature not to do autopsies so much as bodily fluid examinations to people under a certain age.

Mr. Winn. Don't you think articles like this are going to put the fear of God in your people on the methadone program?

Dr. McKnelly. No. Dr. Helpern, you may have heard if you went to New York—every once in a while someone lays a one-liner on you that just never leaves—he said that if you could have scared a junkie he would never have been a junkie in the first place.

It is true. We would not try it if somebody offered it to us, because a lot of people do not because of what might be fairly sensible type of fear or understanding; and some other people, they will just try anything. Some good and some bad people, I suppose. They are terribly adventurous, and these people are not scared; they buy an unknown compound from an unknown source. I mean, the quality control in the junk world is nonexistent, and they shoot it in their veins like this [indicating]. It could just as well be Vat or Tide or something, so that fear just does not exist with those people.

You and I probably do not want to do anything to hurry our death. We might even slow down a little on a wet road, but these people are not like that. They are totally different. These kids are even worse.

Mr. Winn. You really can compare it with the social drinker who tries some manufacturer's new product with a gimmicky name every time it is advertised?

Dr. McKnelly. It is much worse than that.

Mr. Winn. I know it is worse because of the ingredients they are getting.

Dr. McKnelly. FTC has a little authority; not much.

Mr. Winn. In New York we found out those students back there were buying anything they could get their hands on, even rat poison.

Dr. McKnelly. The same thing here. You get a head and somebody comes around and says this is just a new type of miniwhite, and they will take 10 instead of taking one, to see if their toes turn green, or something. This is part of the world.

Mr. Phillips. One of the most interesting stories I heard was from a witness in Chicago. Because of buying drugs on the street and not knowing what they are, some of the gangs in Chicago, the tough gangs which operate up there, have a little fellow they have hanging around with them that they call the "guinea pig," and this little fellow's job is to take dope that comes in that they are not too sure of. They let him take it, and if he doesn't die, the others use it. This is actually the case.

Dr. McKnelly. This is something I think the Congress should consider, or at least the committee. I don't know whether it is good or bad, but they have tried here very halfway programs of analysis. I think some dealer is going to use it to test his stuff. You might as well write that off. Of course, the one they had, they wouldn't tell anybody what it was, so that sort of backfired.

But those kinds of things, half a loaf, quarter loaf measures so they are, would not hurt anything that I could understand. Because there are some kids that are pretty sensible, they would use mescaline but they would not use the PCP, the phencyclidine that gives you really a bad trip. So what do the dealers do? They sell ethyl, coming out of regular tanks.

There hasn't been any mescaline in this town this year, but a lot of people, pretty smart kids, will swear up and down they use mescaline.

So all you are ever going to get is effort. Education is not going to do it.

Mr. Winn. Some of them take aspirin or whatever type of pill that may be in the form of a drug to make their peers think that they are on drugs, too, don't they?

Dr. McKnelly. That is OK.

Mr. Winn. We have some pretty good answers——

Dr. McKnelly. I faked a lot of beer like that because I didn't like the taste of it when I was a kid. The thing I hope—the committee, the Congress, there aren't any simplistic answers. I wish there were.

Mr. Winn. We do, too.

Dr. **McKnelly.** I really, truly, don't; I don't have them and I don't believe anyone else who says they have them. Education? I don't know as we ever educate ourselves out of any vice we like. You know, to expect sex education to reduce the incidence, it wasn't promoted for that. To expect drug education—this is what happens. They assign the board a big drug education program and 6 months later they still have a lot of drug users. More, because it is a progressing problem. It is like a bull market. Then they come back and say it is the school board's fault, your education program is tantalizing the kids and they are all rushing out.

We have never been able, anything we have ever liked, even if it was bad for us, we did not educate ourselves out.

Mr. **Winn.** But when we point our finger at school boards, and this committee has a tendency to do that because we are dealing with student drug problems. I don't say we have a tendency to do it, but the weakness in the school programs and drug education programs do come out when we are talking to the school officials.

No. 1, they don't have the money to put on thorough programs. We hear today, around the country, that the programs are almost laughed at by the young people, that they are not updated, they are not talking the same language that the students are. But in the community the tendency is to look around and see who we can point our finger at. Let's all point our finger at somebody else.

But the two mothers that we had in San Francisco last week didn't have anybody to point the finger at, and I am sure they have looked in the mirror a million times, probably without blame in some cases, of why their 18-year-old boy in one case, a girl in another case, died.

We just can't give up on it, but I think you and anybody that is knowledgeable on the subject must keep digging to see if we can come up with a partial solution somewhere and not just throw up our hands and say it is just like alcohol, we are all going to be either alcoholics or drug users.

Dr. **McKnelly.** I agree with that entirely. What happens, you get something going, it doesn't matter whether it is school education, drug squad in the police department, you get all of the people, deadlock them any way, 6 months or a year later we will go back and blame them for all of the increase. This is exactly what has happened.

It is going to be a very slow chipping away program with no great reason to expect any great immediate success and be lucky if you win i[illegible]on.

Mr. **Winn.** Isn't it true we are all just frustrated? This thing has us bugged and we are frustrated. We don't know the answers, we are admitting we don't, but we will all keep whittling away at it if we can.

Thank you, Mr. Chairman.

Chairman **Pepper.** Doctor, we heard Dr. Dole in New York and we heard other doctors who have been knowledgeable in the field of methadone, and they said that methadone was primarily intended for the hard-core heroin addict, and that only about 35 percent of the people who were heroin addicts were really the kind of people who should take methadone. What has been your experience?

Dr. **McKnelly.** Well, certainly, it is just intended for the heroin addict. There is no reason to expect to use it with any other group intentionally. I don't know how you would sort out in advance the 35 percent.

The other thing, in New York, where you have hundreds of thousands to pick from, it is not so difficult. Because you can only take about every 10th one to start with, you might as well take the most classic ones.

Things that apply to New York are not applicable in Denver, Kansas City, New Orleans. They have a very specific and overwhelming problem in New York and have had for a long time.

So that I don't know in advance how he would pick the 35 percent.

Chairman **Pepper**. Well, have you found that you could give methadone to any heroin addict who came to you for treatment?

Dr. **McKnelly**. I will give it to anyone that will come and take it; yes, sir.

Chairman **Pepper**. And you haven't had any adverse effect?

Dr. **McKnelly**. Well, yes, sir; we do. But I don't think any different than Dr. Dole's adverse effects. It is a very constipating drug, which is more serious than it might sound. It is more constipating than heroin in some people that tend to have that problem, affects the libido, which heroin does, also, but heroin is a shorter lasting drug. Certainly, you can overdose on methadone if you take too much. And you know, a lot of our patients, some of them are equally greedy for methadone as they are for heroin.

So instead of taking a moderate or modest amount, they will sit there and want to try to get a big buzz off it instead of a very small one, at least we think in our middle-class way they should do. There are plenty of problems.

Chairman **Pepper**. You are probably aware this committee has taken the initiative in trying to get more money and expand the research program to try to find a drug better than methadone for treating heroin. Right now we are trying to get some $50 million to encourage the drug houses, who have more facilities and more personnel than anybody to devote time to the subject, to get them interested in trying to find a better drug, one that will be long lasting and not be an opiate like methadone and will not have adverse side effects, and the like. They tell me there is some hope for realizing progress in the reasonably near future. Are you aware of any spectacular work going on in the field of research to find something better than methadone?

Dr. **McKnelly**. There is kind of a second cousin; it is alpha-acetyl methadone, I think that Blanchard, if you have been to Portland, and others, have used. It is in very short supply for reasons I think are not very convincing to me. Nobody has just gone about the business of building it up.

Chairman **Pepper**. This committee also took the lead in bringing to the attention of Congress the necessity for reduction in the number of amphetamines that are available in the country. When we started we discovered there were about 8 billion amphetamine tablets being manufactured and distributed over this country every year and all of us kept pushing away at it and finally the Department of Justice began to exercise the authority the Congress had conferred upon them, after continued pressures had been exerted, and they have now reduced the number of amphetamines by about 82 percent.

Now, did you suggest that barbiturates are probably also a proper subject for consideration?

Dr. **McKnelly**. Yes, sir. Definitely. I think you can go further. You know, I say this with some hedge of fear because nobody likes a lot of dictated rules from the Bureau in Washington, but I truly think that you can dictate the reason for using amphetamines for at least a 10-year period. There are a couple of reasons, a very rare disease I am sure you know, called narcolepsy, and some children before the age of puberty with hyperactivity. I assume that wouldn't take one-half of 1 percent of the amphetamines manufactured.

Chairman **Pepper**. About 3,000 with hyperkinesia and narcolepsy and obesity.

Dr. **McKnelly**. And it is unproven in obesity. I would use it if it did.

And Seconal, the short-acting barbiturate, I don't think we should take them away from people to 62 years of age who have been taking them every night for 20 years. That is a very small number of people. We have new drugs. Sometimes the drug companies do good things and there is a souped-up form of value, if that doesn't put you to sleep you are probably better off awake.

And I think we can eliminate some medicines, can surrender the nonhospital use—we have done this at the university, the Kansas Medical School. The doctors there, with very minimum fuss, we don't use outpatient prescriptions for Seconal and Nembutal, Tuinal, all of that jazz. That can be used in the hospital. There is always some leakage, but not a vast amount.

I truly think—someone would rise up in the AMA and strike me down—but I truly think this would be a worthwhile surrender of the physician's power for whatever you gain from it.

Chairman **Pepper**. Just as you are saying we should proceed to examination of a number of barbiturates on the market, there are new drugs coming out from time to time, so it possibly suggests there should be some overall scrutiny. Technology is coming up with something new all of the time and these youngsters are experimenting with these new things. Probably Food and Drug, or somebody, should keep an eye on the drugs that are coming out and the real medical need for those that are subject to abuse.

Dr. **McKnelly**. Yes, sir. Like Quaalude, which I thought was a drug that looked like it was going to be a fairly safe, like Adolman is, the one we have been using now, but it turned out to have an appeal to abusers.

And for 2 or 3 years in the Philippines—we hear about it more overseas—but it is a locally manufactured drug. It is methaqualone. It should be put on very restrictive use. Not that it isn't a good drug, but it is the way people are using drugs today.

Chairman **Pepper**. Thank you very much. You are very knowledgeable in this field.

We will take a 5-minute recess.

(A brief recess was taken.)

Chairman **Pepper**. The committee will come to order, please.

Will you proceed, Mr. Counsel.

Mr. **Phillips**. Yes, Mr. Chairman.

The next two witnesses presently seated before us are Judge Meyers of the juvenile court of Kansas City, Mo., and Mr. James Walsh, director of the juvenile court services.

STATEMENTS OF HON. ROBERT A. MEYERS, JUDGE, 16TH JUDICIAL CIRCUIT COURT, JACKSON COUNTY JUVENILE COURT, KANSAS CITY, MO., AND JAMES F. WALSH, DIRECTOR, JUVENILE COURT SERVICES

Mr. PHILLIPS. Judge Meyers, can you tell us a little bit about your background and how you came to be involved with juveniles?

Mr. MEYERS. Well, I am a judge of the Circuit Court of the State of Missouri. That is the court of general jurisdiction of the State of Missouri, and in Missouri the juvenile court is manned by one of our number.

In Jackson County we serve on the juvenile court in 2-year terms. So I went to the juvenile court just a year ago this month.

I have been on the circuit court for 7 years, I believe.

Mr. PHILLIPS. Could you tell us, from your experience, Judge, how you view the drug abuse problem among the people who are coming to the attention of your court?

Mr. MEYERS. When I went on the court, on the juvenile court a year ago, it was my feeling—I have a certain advantage over other persons in that I have a number of children. I have a child who is a senior in college, one a junior in college, a senior in high school, and four or five kids in grade school.

So from talking to them, I knew that there was some kind of a problem with drugs in the schools.

We had meetings on this subject, and as a result, assigned one man to our drug program in the juvenile court over in Jackson County, who has been working just about full time for the past year, trying to find out the extent of the problem, what we can do about it. Mainly, to find out the extent of the problem, No. 1.

See, every day in the Missouri log, any kid that is brought to juvenile court for detention has to be seen by a judge within 24 hours. We call them detention hearings. So I see the children every day that are brought in.

And from these observations and talking to these kids, I know a good percentage of them are on something. You can tell from their eyes and their mannerisms and so forth.

Our research into the thing has brought out just about what I suspected. See, our jurisdiction ends on the child's 17th birthday. They are 16 years old and under. There are very few addicts that we have run into, kids that we really believe are addicted. I believe, personally, I remember one child, one 16-year-old, that was addicted to glue sniffing and, amazing to me, the psychiatrist just more or less ruled him off. There is nothing that can be done for that kid. He is finished, as far as any rehabilitation, as far as our experts. He was in that bad a situation.

We have run into very few heroin or hard-narcotic cases. Very, very few. Most of them are the pills and LSD and marihuana, that sort of thing.

Mr. PHILLIPS. You get them at their formative stage of drug abuse.

Mr. MEYERS. That is right. We get them before they become addicted, which was my thought all along. A kid 16 hasn't really been on drugs, in most cases, I don't think, long enough to become an addict, at least in this area. Maybe in New York you found the situation different.

One other thing I thought was interesting, I think is interesting, about the problem—it is as far as my own personal observation of it from talking to children, it doesn't exist in the black community like it does in the white. Regardless of the economics, I know of very poor white kids that are sniffing glue. I can recall to memory but very few black children.

Mr. **Winn.** May I ask a question right there on that? Would that go along with Dr. McKnelly's contention that the ghetto area children would start directly on heroin?

Mr. **Meyers.** It may be, although we have had no experience with children under our jurisdiction, black children, being on heroin.

Mr. **Winn.** Well, of the drug users, you say you have no addicts or very few addicts of the drug users in the black areas. What would they be using, do you know?

Mr. **Meyers.** I don't know.

Mr. **Winn.** But you say you know some of them are using something.

Mr. **Meyers.** This is mostly the white children.

Mr. **Winn.** Mostly white?

Mr. **Meyers.** Yes.

Mr. **Winn.** OK. Fine. I didn't understand it.

Mr. **Phillips.** I wonder whether or not the black children get into court in equal proportion to their representation.

Mr. **Meyers.** At least that. I think probably a little higher.

Mr. **Phillips.** And you say the black children, you don't observe as much——

Mr. **Meyers.** I haven't, personally.

Mr. **Phillips.** I have been advised by someone who has spoken to you, or one of the members of your staff, that you did conduct a survey of some sort in relation to the children who do come before you.

Mr. **Meyers.** Mr. Walsh, I think, can tell you that. We are in the process, I believe, of talking about the urinalysis survey that is being conducted at the present time.

Mr. **Phillips.** Yes. Tell us about that.

Mr. **Walsh.** If I could just give a brief introduction.

Mr. **Phillips.** Please do.

Mr. **Walsh.** I don't have the showmanship of Dr. McKnelly.

I have been director of juvenile court services since 1968 and am in my fifth year. We have attempted to do several different things, one of which was this medical program. Over the course of this time we have recognized the phenomena all others have recognized, the increase of runaways, the increase in incorrigible children.

We work on the theory that oftentimes drug association is very similar to alcohol usage. I have had considerable familiarity with alcohol usage. We, in effect, looked at the problem in similar ways, seeing that the symptoms of runaways are not dissimilar in many of its aspects to alcohol usage.

So in the course of our adapting to these phenomena, we have developed what we call an intensive-care group home, two of them, as a matter of fact, to work and concentrate on this type of youngster who has what we call an emotional crisis or ego crisis at this stage in their life and in the process of this phenomenon, drugs started creeping in in the last 3 or 4 years.

At this time everybody is relating a crisis problem. I am telling you these things because I am going to have a confession to make after I am done.

In the process of this we initiated several procedures to try to find who is using drugs; because we found that even though each year over 250 different parents would bring their youngsters to us asking us to lock them up because they were incorrigible, we only had one or two that actually came to us asking for help because the youngster was taking drugs.

I think you have to recognize we are a juvenile court and we don't get many voluntary clients that come forward to us, even though we get 250 different clients brought to us by the parents. So we initiated a program we called "Children and Youth in Need of Care," trying to find out what the source of difficulty was regarding drugs and to involve ourselves to identify this.

One of the major aspects of that program is the current one by Children's Mercy Hospital where we now have a physician from there that randomly runs urinalysis on those youngsters admitted to our detention. Of about 325 youngsters, we ran urinalysis on 66 of them. This information, of course, is not for reasons of court adjudications or disposition, but to help the youngster.

We found, I think to our surprise, first of all that we had a pusher among our midst, and took care of that. But of the 66 youngsters that were examined and the urine was analyzed, 33 were involved. That is 50 percent. This stunned us, as you are being stunned, until we looked at it a little more closely. We found absolutely no narcotic usage and no barbiturate usage. We found 27 of the 33 were taking Dexedrine. This is what our pusher was pushing.

But, in any event, our estimate is now, and statistics we expect to find will show, a usage among the youngsters that are detained of approximately 20 percent.

This is the first hard bit of information we have ever had. Our program is keyed now, as once we recognize this symptom, to get them immediately to one of our various treatment modalities. For instance, in our intense-care group home we have school-family therapeutic programs, we have a parent program. We have, of course, drug education programs.

Mr. **Phillips**. Can you tell us what the 20 percent are into, what type of drugs?

Mr. **Walsh**. Strictly amphetamines. These are the things you get for losing weight. And this is apparently what they are taking. Dexedrine, primarily.

Mr. **Winn**. Where would they be getting those, out of their parents' medicine cabinet?

Do you buy them across the counter?

Mr. **Walsh**. I think that is precisely where they were coming from. I talked to a couple of physicians, one psychiatrist. He indicated he had a patient who simply made a phone call on amphetamines—Dexedrine—"I need them to lose weight," and picked up another 100 or 200. This is where they are getting them. Just apparently that easy.

I am not taking any consolation about anyone taking amphetamines because the psychiatrist we talked to said these are more dangerous and destructive than the others. The only consolation we have as of this moment is we can't find any narcotics, thank God, and we have not yet found barbiturate usage.

Mr. WINN. But you are talking about people 16 and under?

Mr. WALSH. Yes, sir.

Mr. WINN. The 66 you tested, 33 showed some trace?

Mr. WALSH. Amphetamine trace. All juveniles. So we have a problem.

Here is the confession I am coming to. The confession is this: As hard as we are trying to find who is using these, I think we have to admit that we, as a juvenile court, even though we have facilities specifically designed to work with this youngster—treatment programs of a variety of sorts; family education, along with parent programs; individual counseling and group counseling—that we cannot get the youngster to involve himself with us. I hate to admit this as director of a public agency, but we just do not attract the voluntary clientele.

I found from listening to the gentlemen today, and being involved for the past few months at the mayor's request in trying to set up a TASC program, that the private agencies, in the sense of those specifically designed drug treatment programs, cannot attract the clientele either.

Mr. WINN. Isn't TASC the one that is going to be connected with the SAODAP program I mentioned earlier?

Mr. WALSH. Yes, sir. This is what we are working on.

Mr. WINN. You will be a part of the program having approximately a million dollars to spend, and, of course, it is pretty broad, that is, the entire grant?

Mr. WALSH. Yes. We expect to be involved in that. I am the mayor's chairman. I am writing this program.

Mr. WINN. I understood that.

Mr. WALSH. Although we have run into some difficulty recently. That is another subject.

I will skip to the point I am coming to. The point is simply this: I hate to admit it, not only we public agencies, but those specifically designed programs for drug users, are not finding drug users. Preventing can help the ball game but I think what we have got to do is find them. The question is how. I think the majority of drug users, if our very short statistics have any kind of validity, are kids in school. I don't know that it is 50 percent, as Dr. O'Connor indicated a short while ago. He talked of highest usage in south Jackson County. I live there, exactly in the area named, and just a short distance from the school that is supposedly rampant with drug usage. I doubt it.

I think, in keeping with the phenomena of some of the points Judge Meyers made, that the usage here is primarily a middle-class white usage at this stage. It is not a middle-class black usage or a lower economic strata usage. It is a middle-class usage. Middle-class kids—maybe I have aspired to that level now and I have five of them—just don't take their problems to agencies; just don't take their problems to specific agencies that are set up that have an identity with the drug culture. They keep their problems within themselves.

And middle-class families resolve their problems normally through their own pocket by getting their own type of service. So my suggestion, to help find whether we have a problem, is to set up a program that is keyed to, but not run by, the schools. Setting right within the schools themselves, a trained person whose responsibility would be to go among the student body and among the PTA's to recruit youngsters who were interested in helping find those that might have a drug problem, in confidence. Assuming we have recruited a certain number of people to do that, the youngsters who are there daily know who supposedly are taking drugs. They know who might be involved. They know when the parties are occurring. They are not telling, and I don't think they will ever tell.

So to have a resolution to this, my suggestion would be this trained person who has recruited those to find them would be available in a private setting, let's say at a church somewhere, behind a confessional—if you want to use a good old phrase—and this youngster could come in there and say to this person, "I have a drug problem," not be seen, and describe it.

This specialist, in turn, would have had contact with hopefully 40, 50 physicians throughout the community, all of whom were trained to a program of some sort to recognize drugs and to treat it.

The youngster would be simply told, "Well, go to Dr. Jones at such and such a place at such and such a time," as any good clean-cut middle-class kid with money would do, normally. He goes on his own to show up. The doctor in confidence works with him to determine what his problem is and seeks assistance.

Mr. **Winn.** What percentage do you think you would lose when you leave it up to young people to volunteer? Of course, if they went as far as confessing they have a drug problem——

Mr. **Walsh.** In a sense, I shouldn't have used the word "confessional." I wanted to use the word "confessional" from the point of view of confidentiality.

Mr. **Winn.** You mean at that stage of the game they are seeking help?

Mr. **Walsh.** Yes. The person on the other side of the screen, so-called, wouldn't even see who the youngster was. The youngster would say this is what is happening to me, this is what I think my problem is. The other person on the other side would say, "OK, it seems you have a problem. Dr. Jones will see you at 10 o'clock on Friday. I don't know who you are, he will know who you are; it is strictly a doctor-client relationship."

And at this moment I, the program worker, will pay the tab to get the youngster there.

In answer to your question, I don't know how many we would lose, at all. I know we are not finding them. We are trying to find them, and our client is supposedly the most disturbed client in the schools and community. We can't find them among our clientele. So there has to be a different approach. It should not be as part of a public agency, in my opinion, and probably should not be identified as part of a specific drug treatment modality associated with the drug culture.

In my opinion, the classic middle-class agency is being ignored—the United Community Services. The United Fund agencies and the Youth Service System established within are classic middle-class agencies, working with problems within the families. They could be the instrument to carry out the suggested program.

Mr. **Blommer.** Mr. Walsh, I have to admit I agree with what you are saying, but don't you have to be talking about changing some of the laws of the State of Missouri to accomplish what you are talking about?

Mr. **Walsh.** No.

Mr. **Blommer.** For example, isn't it the law in the State of Missouri, if someone knows a crime is being committed, they have to report that to the police?

Mr. **Walsh.** Someone knows a crime is being committed?

Mr. **Blommer.** I assume you are talking about a program where a young drug abuser comes in to some person and says that I am now using drugs, or confessing their problem. I am now selling drugs. I have drugs in my pocket and I use drugs every day.

Now, I agree that that is not a matter for the police, but to establish that as a form of policy, would not the law have to be changed in Missouri?

Mr. **Walsh.** I don't believe so. The judge could comment on that. I am not familar with the law that mandates reports.

Mr. **Blommer.** Would you, Judge?

Mr. **Meyers.** Of course, possession of narcotics and a list of these drugs are unlawful. I don't know. If the fellow comes in and says, "I have in my possession," of course, he would be violating the law.

If he comes in and says, "I am a user, I have had a problem of drugs by taking the drugs," I don't know of any law that you can lock a fellow up because he is a drug addict, purely and simply.

Mr. **Blommer.** Clearly not. Recently, we had a hearing in Chicago and the question of confidentiality in this area is the subject of a bill pending before the Illinois Legislature. I don't know if you have a problem here. We just heard Dr. McKnelly, who was instrumental in getting a law passed in Kansas that allowed treatment of young people for drug abuse without the parents' consent.

Mr. **Walsh.** That applies in Missouri, too. That is a different law. But I believe it is age 16 and up.

Mr. **Blommer.** I see.

Mr. **Walsh.** The problem would be with the under 16 youngster if the problem exists here. The assumption is that it does exist. But for the life of us, we can't find it, and we have hard counts. I assume it is occurring and we are doing everything we can to discover it, but that is where the admission comes. We are a juvenile court, and being involved with a juvenile court by middle-class standards is not the thing to do. Being involved with the physician is highly acceptable. So why not go that way to find out what the problem is?

Mr. **Blommer.** What treatment would the young drug abuser sent to a physician receive from the physician, in your view?

Mr. **Walsh.** I would hope with a gentleman like Dr. McKnelly and Dr. O'Connor and Dr. Jaffe and other specialists in treating modalities there would be a sufficient number of doctors that could be well trained to not only recognize the problem but offer treatment through the hospitals.

Mr. **Blommer.** You are talking about not just the family physician, you are talking about specially trained physicians?

Mr. Walsh. Yes; that would involve themselves in some type of a program. I don't know how else; I don't know of any other way, other than the way we are doing it, that we find out how they are using it. Even through the adult level, the TASC program on adults, the only way we can discover drug usage is through urinalysis, if they volunteer. Not many people will come off the street and volunteer for urinalysis. We just don't know and I don't think we can ever find out. I think the only way we can do it, in my opinion, is for the person trying to set up programs to meet the need, to go out and recruit youngsters that can set up this confidential appointment with the physician.

Mr. Phillips. One other question for you, Judge.

Do you have an alternative to deal with the child? Perhaps you might answer not only for the juvenile court but also the circuit court. When you have a child that has a drug problem and comes to your attention because he robbed a car or did some other type of crime, do you have alternatives other than sending him to prison? Do you have programs to commit him to receive some help?

Mr. Meyers. Yes. If there are programs where he can receive help, we certainly can send him there. Mental hospitals or probation with an outline of programed treatment. Yes, we have a wide variety of choices.

Mr. Walsh. In addition to that, we have four community group homes of our own. We have two additional ones especially designed for this type of problem, intense-care group homes. We, of course, have some specialized foster homes. We have a short-term detention facility keyed to troubled youngsters, plus we have three of our own institutional settings.

Mr. Phillips. Do you find this successful? Do you find that the children you treat in these particular places get involved in crime, subsequently?

Mr. Walsh. Success is a relative thing. I happen to have a little thing here that says "juvenile crime rate dropped." I should have indicated, we have a specialist in drug treatment. We have two, as a matter of fact, that concentrate, recognizing symptoms, training staff and also dealing directly with the youngsters that have drug problems. We have a caseload of approximately 28 to 30 cases.

As far as success is concerned again that is a relative concept. We measure success in a negative term—recidivism. We should measure it in terms of contacts and meaningfully helping the youngsters improve, but our recidivism rate in our institutions is 23 percent. Excuse me. I should immediately qualify and say that is the arrest rate, 23 percent. Recividism is if that arrest is sustained in court.

But I should indicate initially we get 100-percent failures into the juvenile court. They commit crimes, are usually excluded from school, are academically 3 years behind. They are supposedly the community's worst kids.

We don't find that, at all. We are lucky to have in Jackson County taxpayers who voted $7 million to increase the juvenile facilities a few years back, and the circuit court has mandated a realistic budget in Jackson County. We are lucky, and we are having at the moment some success. Three continuous years of decrease in delinquency.

I think a lot of this is attributable, not to the measurement by recidivism, but the increase in contact with youngsters which has gone from 10 percent of staff time in 1968 up to over 50 percent as of this moment. That same staff member is seeing a kid that much more often, and I think that is how you really measure a program. I think that is what is occurring.

Mr. WINN. Do you have any statistics or anything—you were reading them off pretty fast and I am sure the reporter is picking them up—but do you have any studies? I think the judge says you are in the middle of a study. All I am trying to say, if you have any additional figures or statistics that you would like to submit to this committee, we would be glad to include them in the record, even at a later date.

Mr. WALSH. We have given Mr. Sullivan a copy of our annual report. We do have the proposal, as far as the methodology of trying to find drug users here, plus two or three of these various clippings that we have taken from newspapers that I will give to the committee.

(The material referred to was retained in the committee files.)

Mr. WALSH. I will say this, as soon as we and Children's Mercy complete the 6 months' study analyzing, from two points of view, drug usage and VD—that is another problem. VD is rampant—as soon as we find hard facts we will be glad to send them to the committee for consideration.

Mr. WINN. But VD doesn't usually lead to crime.

Mr. WALSH. That is debatable.

Mr. MEYERS. One other thought that came to my mind that might be of interest to you gentlemen, I don't know whether you are aware of the fact that there has been a tremendous increase in runaways. I was over in the juvenile court 5 years ago for a period of 2 or 3 months, and that was the biggest shock I had; the increase in the runaways. Runaway girls 13, 14, 15, 16—5 years ago they used to run away and be gone for a day or two. Now they run away and are gone for 6 months, some of them. Varying periods of time, 2, 3, 4 weeks; 2 or 3 months, very common.

In those cases it is my opinion a very high number of those kids are on some type of drugs. Most of them will admit it. Some of them appear to be and will deny it, but I think they are. I think there is a very high connection between drug usage and this phenomenal increase in runaways.

Mr. WINN. You are still talking about 16 and under, too; aren't you?

Mr. MEYERS. Yes, on down to 12 years old, even.

Mr. WINN. We have heard testimony from a lot of girls in that age bracket and, of course, a little older, who have run away and have become streetwalkers and prostitutes to support their habit.

Mr. MEYERS. That is true.

Mr. WINN. Which is showing up in statistics all over the country. But you are talking about 16 and under, which is a little more startling than 16, 18, and over.

Mr. MEYERS. That is right.

Chairman PEPPER. Would my colleague yield there?

Mr. WINN. I certainly will.

Chairman PEPPER. Judge, we had the shocking testimony by a man who wrote a series of articles on the juvenile courts for the Christian Science Monitor.

Mr. WALSH. Howard James.

Chairman Pepper. That is right. He told us about that problem of runaway girls. A lot of that he said, I have forgotten what percentage, 15 or 25 percent, was due to the fact that those children had been molested by either their stepfathers or their fathers. Have you found any evidence of that?

Mr. Meyers. Of course, we find the smaller molestations. As connecting it with runaways in that percentage, I haven't found that. At least it hasn't come to the surface. Maybe if we questioned the parents and the girls a little deeper, it would uncover that. But it is not brought to my attention in that percentage of cases; no.

Chairman Pepper. As I understand it, the youngsters under 16 years of age come to the juvenile court after being apprehended by law officers?

Mr. Meyers. Yes, generally. Some, the parents haul them down. Usually through the police department. They call the police and are taken to the police station. They are referred out to us for being beyond their parents' control.

Chairman Pepper. Do you have any cases where the schools have referred to the juvenile court young students under 16 who have been found to be using drugs?

Mr. Meyers. We had cases where the police department, the police have found sales of drugs at schools, but I don't—possibly the school officials called the police, I don't know. But that would be the normal procedure.

Chairman Pepper. Have you had a decrease or increase in the number of young people who have been brought into your court?

Mr. Meyers. I believe the statistics are down, aren't they, Jim?

Mr. Walsh. We have had a decrease, sir, for 3 years now. This year is our third consecutive decrease.

Chairman Pepper. That is contrary to what we found in most places. The general report of the juvenile judges is they have an increasing number. They pleaded for help.

Judge, what do you do with them when they are brought into your court? I think that is one of the most important and critical areas, when the young person is first brought into the juvenile court. That is the first red light in respect to the future conduct, the future life of that young person; isn't it?

Mr. Meyers. I know it is very important.

Chairman Pepper. What do you do with them when you get them into your custody? What can you do with them?

Mr. Meyers. We have three juvenile institutions in Jackson County that we run. Three homes: One for older boys, one for younger boys, and one for girls. We have four group homes that are located at different areas throughout the city, in residential areas. Eight or 10 children each; two girls' and two boys' homes.

Of course, we have the mental health facilities of the State of Missouri, in that respect. We have two intense-care group homes that Jim mentioned where we keep them for a short period of time, trying to decide what to do with them.

Chairman Pepper. I don't like to ask you to comment on your local institutions, but in so many places we found the facilities that are available to juvenile judges are not very effective.

Mr. Meyers. Well, we are a novel juvenile court in Jackson County because the circuit court operates the juvenile institutions, so if they are not run right, it is our own fault. The county had so many headaches with them about 3 years ago that they went to the legislature and got us, and the legislature agreed, where we would operate the homes ourselves. That is what we are doing at this time.

Chairman Pepper. Do you try to examine in depth these young people, to find out what has caused them to be there, what their needs are?

Mr. Meyers. Oh, yes. We have very good diagnostic facilities. We use the Western Missouri for psychiatric and psychological examinations.

We have a regional diagnostic clinic that has just opened, about a year ago, that will do extensive testing as far as the ability of a child to learn and where he is at the present time in the field of learning, and make recommendations in that respect.

Chairman Pepper. Suppose you find a young person is there because of a failure of the family to give that child the proper care, do you contact the parents?

Mr. Meyers. Oh, yes.

Chairman Pepper. And consult with them and, if necessary, put a little pressure on them about changing their attitude?

Mr. Meyers. That is the prime objective, to try to straighten out the home situation so we can put the kid back in the home and get him on the right track.

Chairman Pepper. Do you find that maybe some of these youngsters are on drugs?

Mr. Meyers. Yes.

Chairman Pepper. You put them through some sort of drug treatment program? You go into that with them?

Mr. Meyers. Well, that is where we don't know exactly what the degree of the problem is. Nobody seems to know. For instance, I was really shocked when I had the 16-year-old boy that is on glue. All of the experts tell me there is nothing in the world that can ever be done for that kid. I find that difficult to believe. I had two different psychiatrists look at the kid and give me the same diagnosis.

Chairman Pepper. You mean nothing can be done to get him off of it?

Mr. Meyers. That is right.

Chairman Pepper. Do you have any group therapy programs?

Mr. Meyers. Yes, we have that.

Chairman Pepper. Is that getting any results?

Mr. Meyers. Hopefully, it is.

Chairman Pepper. Do you know of the Red Wing Correctional Institution at Red Wing, Minn.?

Mr. Meyers. No; I am not familiar with that.

Chairman Pepper. Our committee visited that one. I think it has the lowest rate of recidivism of any in the country and I think it is one of the best. It was set up by a professor at the University of Minnesota who used to be the head of the correctional system for Kentucky.

The boys live in cottages with 30 to a cottage, and they are composed into groups of 10 each. Those groups work and live and go to school together. Somehow they try to develop interdependence among them, one helping the other.

I heard about an incident while we were there, of a boy who had been a member of one of those groups and after he had been out about a month, he called back to one of his friends in one of the groups that he had been on and said, "Listen, I am getting scared of myself."

He said, "I can tell I am slipping. I wish you would see if you could get permission for me to come back and stay a little while with the group."

Here this boy went back to this institution, joined this group again, and after he stayed there about a week, he said, "All right, I think I am all right now, I believe I can be safe."

Mr. Meyers. We are familiar with the concept. It is Harry Voroth's.

Chairman Pepper. You can see that they had a dynamic peer pressure program going on there.

Mr. Meyers. I believe that is being used intensively in the State of Florida. We are attempting to set up in our institutions at the present time, that type of peer program.

Chairman Pepper. You can get some good help from Red Wing, Minn., if you want to consult that institution.

Every evening at 7 o'clock the group of 10 would get together, presided over by one of the staff. This particular evening a boy was in there for bank robbery and they were going after that boy.

"Jim, what is the matter with you, what is your trouble? What is eating on you?"

The boy had never been through that program before and they went after him like everything. And they said in a little while he would begin to open up and begin to talk and finally communication would open between him and the rest of the boys, and they would be able to help one another.

Mr. Meyers. We are using that program now and also our State training schools.

Chairman Pepper. I think that of enormous importance, Judge, and I am sure you all know a thousand times more about it than I will ever know. We catch it at the juvenile court level. We should have done a lot of things before, but at least at that level every possible effort ought to be made to save those children from ruin in the future and save society from them.

Mr. Meyers. We agree.

Chairman Pepper. Thank you very much, Judge, and Mr. Walsh, for coming.

(The following material, submitted by Mr. Walsh, was received for the record:)

Outline of Community Action Drug Prevention Proposal, Submitted by James F. Walsh, Director, Juvenile Court Services, Jackson County Juvenile Court, Kansas City, Mo.

There is no single answer to be found in the complex and rapidly growing problem of drug abuse. This proposal is an effort to involve the total community in handling the drug problem as it effects their respective communities. Drug abuse is a community problem. Only concern and action by the whole community will provide for an effective program of drug prevention.

Purpose: Provide a comprehensive system of services that will organize and create neighborhood based prevention programs so as to enable communities to help themselves in dealing with their local drug problems.

I. METHOD

A. Establishment of a Metropolitan Drug Prevention Center

1. Center to act as focal point for providing the training and organizing of community volunteers for prevention services to their local neighborhoods.

2. Staff Component of Center

a. *Director.*—Coordinate and administrate services.

b. *Secretary.*—Attend to correspondence, records, office management, etc.

c. *Community workers (counselors)*

(1) Organize communities (neighborhoods) and train volunteers for prevention services.

(2) Organize schools (colleges) for creation of Response Teams.

(3) Supervise Response Teams.

(4) Aid in the counseling and evaluation of drug involved persons.

(5) Train teachers and parents on methods of handling drug problems, and on available community resources.

(6) Be available to speak before civic groups and organizations on subject of Drug Abuse and Community Action.

II. PROCEDURES

A. Establishment of Target Areas.

1. Divide Kansas City area into target neighborhoods, and provide each with a community worker for establishment of relevant prevention programs.

2. Utilization of schools and colleges for volunteer personnel to be trained as Response Teams.

3. Utilization of churches as neutral meeting places for counseling, group work, evaluation and screening.

B. Establishment of Community Volunteer Response Teams.

1. Organization and training of student volunteers to act as Response Teams to assist in dealing with local school drug problems and such problems that exist in community.

2. Seek out drug involved student and encourage him/her to respond to prevention services provided in the neighborhood on neutral ground, with immunity from arrest and without fear of suspension from school.

3. The teams are established in each school in respective target areas to meet the needs of those areas.

4. The Response Team works very closely with their community worker and under his supervision and guidance; the community worker is at the teams disposal when a crisis evolves.

5. The team is responsible for getting drug involved persons to local meeting places (churches) for discussion of their problem and pointing out alternative courses of action open to them:

a. Counseling.

b. Medical examination and treatment.

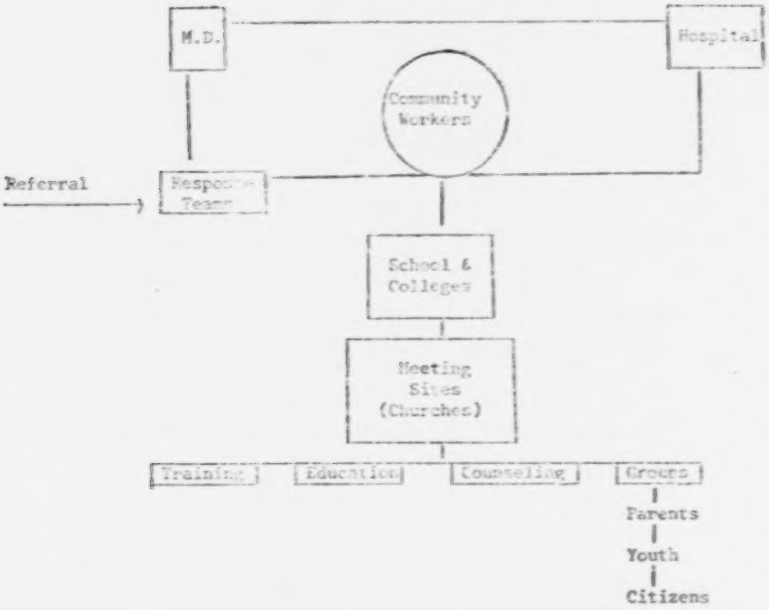
c. Group work.

C. Utilization of Community Resources.

1. Churches—Will be utilized as neutral meeting ground places for Response Team community worker and drug involved person; it will also be used for screening, counseling, group work and adult training and education.

COMMUNITY DRUG PREVENTION SYSTEM

REFERRAL CHART


M.D.
Hospital
Community Workers
Referral
Response Team
School & Colleges
Meeting Sites (Churches)
Training
Education
Counseling
Groups
Parents
Youth
Citizens

2. Hospitals—Both General and Mercy Hospitals will be utilized as resources for persons in need of emergency medical treatment.

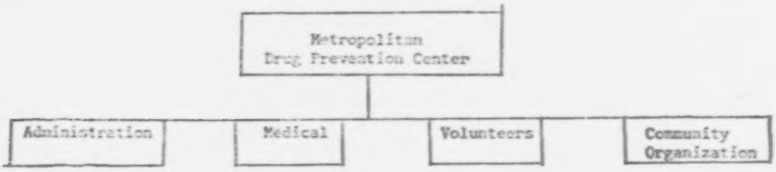
3. Private Physicians—Will be utilized when medical examination is requested or suggested, for purpose of determining nature and extent of drug abuse or addiction; a corps of physicians volunteering their services, when needed, will be organized.

D. Parent Training and Education.

1. Thus far parents have been left out of drug education and training, and are the one group most in need of such; parents will be trained and educated on the tangible as well as intangible factors that attribute to drug abuse by youth, and how they may best cope with this problem and better handle crises situations.

COMMUNITY DRUG PREVENTION SYSTEM

ADMINISTRATION CHART


Metropolitan Drug Prevention Center
Administration
Medical
Volunteers
Community Organization

Mr. Phillips. Mr. Chairman, the final witnesses are a number of police officers from the State of Kansas. Mr. Merwyn Purdy is the director of the narcotics section of the Kansas Bureau of Investigation.

Detective Sergeant Fred Tush is in charge of the narcotics program for the Johnson County Sheriff's Office.

Mr. Purdy has brought with him two young undercover police officers, Steve Philips and Terry L. Stevens.

STATEMENTS OF MERWYN V. PURDY, DIRECTOR, NARCOTICS SECTION, KANSAS BUREAU OF INVESTIGATION, TOPEKA, KANS.; FRED S. TUSH, DETECTIVE, JOHNSON COUNTY SHERIFF'S OFFICE, OLATHE, KANS.; STEVEN D. PHILIPS, OFFICER, POLICE DEPARTMENT, LEAWOOD, KANS.; AND TERRY L. STEVENS, DEPUTY SHERIFF, JEFFERSON COUNTY SHERIFF'S OFFICE, OSKALOOSA, KANS.

Mr. Phillips. Mr. Purdy, could you tell us briefly how you view the drug situation here in Kansas as it affects young people?

Mr. Purdy. According to the statistics that we have, a mandatory crime reporting system in Kansas, last year, 1971, we arrested 2,543 individuals. I have run a check on them and the youngest was 10 years. However, if you go 10 years and older to the age of 24 years, this accounts for 2,234 of these people out of the grand total of 2,543.

Mr. Phillips. So the vast majority of people being arrested for narcotic violations in the State of Kansas are young people; is that correct, under the age of 24?

Mr. Purdy. Yes, sir. Our statistics indicate that the age of 16 to 22 years old, inclusive, accounts for between 70 and 75 percent of the offenders each year in 1969, 1970, and 1971.

Mr. Phillips. Have the arrests for juvenile offenders substantially increased over the last couple of years?

Mr. Purdy. Yes, sir.

Mr. Phillips. Would you just give us the percentage of increase?

Mr. Purdy. 1969 to 1970 was 149 percent, around 100-percent increase, or almost double every year.

Chairman Pepper. Excuse me, counsel.

Mr. Purdy, are these arrests attributable to crimes committed to get money to buy drugs, or trafficking in drugs, or possession of drugs, or what?

Mr. Purdy. Trafficking in drugs and possession, both.

Chairman Pepper. Not crimes committed to get the money to buy them?

Mr. Purdy. No, sir.

Mr. Phillips. Would you tell us what type of drugs these young people are found in possession of and what they are selling?

Mr. Purdy. In Kansas the highest rate is marihuana; the second is amphetamines; third would be hallucinogenics and barbiturates. And from there it would be cocaine and heroin.

Mr. Phillips. Mr. Purdy, what type of individuals did you find selling drugs? There were two incidents you told me about before coming here; one about a young fellow who was a ballplayer. Could you tell the committee about that particular arrest?

Mr. PURDY. This particular arrest occurred, and it is one of those regrettable situations. We received information that this young man was selling drugs and had drugs in his possession. Upon his arrest we discovered that he was president of his class, he was clean, captain of his football team, he was going with the football queen, he was driving a new Mustang. He was the top man on the campus.

When we began talking to him about why he had become involved, it was this one-upmanship situation, whereby he wanted this intrigue, this mystery, and that type of thing surrounding him.

It was strictly one-upmanship. He was already the top man on the campus. There wasn't much else he could do, but he wanted to do something else and attempt to gain the respect of his peers.

Mr. PHILLIPS. I think you told me one other case, probably the youngest drug peddler in the history of the United States. Would you tell the committee about that one?

Mr. PURDY. This is a very recent one from a southern city in Kansas. We had a call from an irate father who indicated that his sixth grade son had been approached to buy some marihuana. We began checking into it. When I got back with the father and was getting a description of the individual, it turned out to be the young man who tried to sell the drug was a typical 6-year-old boy. He had stolen some pot from his older brother and was attempting to sell it.

Mr. PHILLIPS. And had gone into business. The 6-year-old boy was trying to sell drugs he had taken from his brother.

Did you find that the drug problem among young people, drug arrests, are in the big cities, the small communities; or where do you find these arrests occurring most?

Mr. PURDY. We are finding them all over the State. The city as small as 300 population has a small problem, maybe one or two pushers and a few users. However, in a community that small, it is just as serious living in that community as the urban problem is where you may have 40, 50, 60, 200 pushers.

Mr. PHILLIPS. Sergeant Tush, can you tell us about your work in the sheriff's office and how you view young people in the drug scene?

Mr. TUSH. I am commander of the narcotics bureau in Johnson County, which was established by the Chiefs of Police Association. We have a unique problem because of the fact we have a county of 230,000 population with approximately 15 different police agencies.

So the chiefs of police went together and through Federal funds we have established a narcotics bureau as of May of this year.

In 1968 we had 14 arrests; 1971, we had 166 arrests for drug violations.

In 1968 we did not have any narcotic arrests. In 1970 we had two. In 1971 we had 18. This is how the narcotics have become involved in our county.

When I speak of narcotics, I speak of cocaine and heroin.

Mr. PHILLIPS. Do you find young people are getting involved with drugs like that?

Mr. TUSH. Very definitely. The youngest drug user we have become involved with was 8 years old. The youngest narcotic user has been 14. We have had between 20 and 25 deaths in Johnson County since September of 1968, the most recent being 3 weeks ago.

Mr. **Phillips.** Would you repeat that? You had 25 deaths?

Mr. **Tush.** Between 20 and 25 deaths within the county from September of 1968 until 3 weeks ago.

Mr. **Phillips.** Has that gone unpublished and unnoticed by the general community?

Mr. **Tush.** This is probably true.

Mr. **Phillips.** I don't know how you can explain that. It seems to me if I were a parent and living here I would want to know that. I would want to know there are people dying and teenagers involved with this type of thing. I would want to take some type of precautionary steps if I could. Is it because the newspapers never report it, or the families want to keep it quiet? Can you explain it in any way?

Mr. **Tush.** No, sir. Generally, the newspapers are not aware of this fact, and normally the biggest percentage of the families do wish to keep it quiet.

Mr. **Winn.** May I interrupt?

Mr. **Phillips.** Please do.

Mr. **Winn.** As I understood it, you say there are between 20 and 25 deaths from OD's; right?

Mr. **Tush.** Not necessarily from overdose, but due to drug problems.

Mr. **Winn.** Due to drugs and drug problems?

Mr. **Tush.** Yes, sir.

Mr. **Winn.** You are not including automobile accidents and things like that; are you?

Mr. **Tush.** No, sir.

Mr. **Winn.** You are talking about health problems?

Mr. **Tush.** Yes, sir.

Mr. **Winn.** You mentioned as part of this that newspapers were not aware of it. I guarantee you I was not aware of it, and I am just kind of startled right now because we have gotten information and some of our investigators talked to the coroner, Dr. Boles, and he said he was unaware of any such deaths. Is there no coordination between the coroner's office or do we have 100 percent hidden reports out there somewhere?

I am trying to find out what our problem is. I know we have had problems in some of the offices, but go ahead.

Mr. **Tush.** We have many problems. I don't think the total I gave you is probably realistic. I think it has been much more. We have a pathologist who does most of the autopsies for the county and through Dr. Bridges, and other information which we receive, these are the figures that have been established.

Most generally, the individuals that have a medical problem, such as an infection which might cause their death, it is not listed as a drug death, but due to the fact of their drug problem, this is the nature of their death. It was caused by drugs. But it is listed in the report to the coroner as a particular type of infectious death.

Mr. **Winn.** But in your opinion it is drug connected?

Mr. **Tush.** No doubt about it.

Mr. **Winn.** From heroin?

Chairman **Pepper.** Excuse me. If my colleague will let me interrupt, we brought out in a hearing in Miami, in Dade County where we have a population of about 1.3 million, that they had over 450 deaths recorded since 1967 from heroin; over 450.

Mr. Phillips. I may add, Congressman, while talking to one of the witnesses before today, a young heroin addict who was in Dr. McKnelly's methadone program, she said she personally had been in places where three people overdosed and died. They took them to the hospital; left the body at the hospital.

In another two situations she ran out and knew the person was dead. She said everybody in her group looked in the newspapers the next couple of days to see if this death would be reported and she said no mention of the thing was ever made and these three deaths, as far as she knew, just went unnoticed.

Mr. Winn. That goes back to my original inquiry or discussion with someone earlier in the day, that if the coroners in Kansas don't have the legal right to perform an autopsy, and if we have parents who are hiding this through the family doctor routine, it is almost impossible for you gentlemen to make an accurate count of what we have, and thereby it doesn't show on records, does it?

Mr. Tush. That is right.

Mr. Winn. Thereby, it would be almost impossible for the press or anyone else to pick it up.

Mr. Tush. That is right.

Mr. Winn. I don't want to pursue this any further, but it is pretty shocking to me that we have this and I think maybe, as you said earlier in the day, maybe the deaths, the OD deaths and the drug related deaths are not going to scare or frighten these youth, but possibly they might frighten some and help. I couldn't see where it could do anything but help someone.

I would like to pursue this a little further but it is getting late in the afternoon. I certainly never heard any figures like this and have never seen them published, and I hope, if nothing else, that this hearing brings this out somewhere. Thank you.

Mr. Phillips. I believe, Sergeant, you also conducted a survey of your own in relation to drug abuse in Johnson County. You identified drug abusers from various intelligence sources; is that correct?

Mr. Tush. Right. I wasn't aware of what you were speaking of.

Back in 1969, the early part of 1970, again the Chiefs of Police Law Enforcement Administrators set up a program whereby all information on either people that were using drugs or dealing in drugs would be funneled into our office and I was established the coordinator. So, in turn, to get this information back to the local agencies, we have established a monthly meeting, and in this monthly meeting we have invited individuals from the different school districts, parochial schools, public schools. They have assigned a liaison officer to these meetings. Each department has an officer that attends these meetings. During these meetings we discuss and establish maybe big dealers which might be dealing in the area.

Federal agencies attend these meetings and assist us in this part. The KBI attends the meetings. It has been very beneficial not only to law enforcement but I believe to the schools.

Mr. Winn. Is Missouri involved in these meetings?

Mr. Tush. No, sir. This is Johnson County.

Mr. Winn. I might tell the committee, the Johnson County Sheriff's Office is one of the finest sheriff's offices I know of. It enjoys a very fine reputation.

Haven't you had meetings with your counterparts on the Missouri side because of some mutual problems of dope going back and forth over the State line?

Mr. Tush. Yes, sir. We work very closely with the Kansas City, Mo., Police Department and Kansas City, Kans., Police Department.

Mr. Winn. Was your office involved in the investigation—and I won't get into all of the details, because I am not sure there aren't some court judgments still pending in the case where Johnson County students were going across into Missouri, in a private residence and purchasing drugs and bringing them back across the State line? Was your office involved in that, or those arrests?

Mr. Tush. Yes, sir. The narcotics bureau was.

Mr. Winn. I thought so. Thank you.

Mr. Phillips. Sergeant, at the end of your evaluations, did you come to any opinion about the extent of drug use in Johnson County schools or the number of drug users in the schools?

Mr. Tush. We figure there are many kids in the schools using drugs. Now, our information isn't the fact that they are buying the drugs in the school. Some of this is going on, but they are making contacts in the school.

In one school, particularly, there was an organization called RAM. Each letter was for a last name. Three individuals were involved. They weren't dealing so much at the school but they were making their contacts there. They were buying their particular drug, buying empty capsules, filling the capsules and then selling them at different restaurants, drive-ins, bowling alleys, for sale later in the evening or the next day.

Mr. Winn. Weren't these school dropouts, as I remember? Weren't they previously, some of the individuals, anyway, in the Shawnee Mission schools and had dropped out of school? Am I right on that?

Mr. Tush. I believe one had dropped out. One was a missing person, in fact, at the time we were going to make the arrest.

Mr. Winn. Hasn't one of them been in Hutchinson?

Mr. Tush. No, sir.

Mr. Winn. I am just trying to recall the case. Usually, I only get this from telephone calls and reading the papers.

Mr. Tush. These were juveniles.

Mr. Winn. Then I remember that case. Thank you.

Mr. Phillips. Did you accumulate a listing of a number of people you suspected of being involved with drugs in that county?

Mr. Tush. Yes; we do have that.

Mr. Phillips. Could you tell us the number of people you have identified as being involved in the drug traffic?

Mr. Tush. Approximately 20,000 names.

Mr. Phillips. Officer Phillips, you conducted a rather interesting survey prior to becoming a police officer. Could you tell us a little about the survey you conducted?

Mr. S. Philips. While I was attending college last year I performed a survey of six schools in the Kansas City area. I chose two schools from the Missouri side and four on the Kansas side.

Mr. Winn. Can you name the schools, or would you rather not?

Mr. S. Philips. I would rather not. That was part of the agreement.

Two on the Missouri side were selected to represent, partially represent, the lower class of people, lower socioeconomic groups, and the other four schools were two from the middle class, two from the upper class. And the two upper class schools were private schools, all boys and all girls.

I had hoped to get a survey of, I believe it was 180, but I only got 168. It was divided between 100 boys and 68 girls, so it wasn't actually a fair representation there.

Mr. Phillips. You intended to get 30 students from each school and then space them out in classes and so forth?

Mr. S. Philips. Yes.

Mr. Phillips. Could you tell us if when you went to the principals of these schools you told them essentially you were doing this as a part of your academic college program?

Mr. S. Philips. Yes.

Mr. Phillips. You asked these principals to cooperate with you in letting you conduct this survey in that school. Could you tell us what the reaction of the principals was?

Mr. S. Philips. It was quite negative. Many of the principals I didn't get to speak with, the vice principals, but the point was they were in the administrative wing or end of the school in Johnson County, and the Missouri side. They didn't really want me to take the survey. They finally did agree, but with much reluctance. I don't know what the reason was.

They knew they had the problem, but they didn't want to know what the magnitude of the problem was. I don't know. But I did find there was 52 percent drug usage. This was ranging from marihuana to barbiturates. I had listed cocaine and heroin. But at the time I took the study, I didn't get any responses out of those two drug categories.

Mr. Phillips. Some of these schools never did cooperate with you; isn't that a fact?

Mr. S. Philips. That is true.

Mr. Phillips. And you had to sneak it?

Mr. S. Philips. In the parking lots.

Mr. Phillips. In other words, you had to make the survey yourself in the parking lots?

Mr. S. Philips. Yes.

Mr. Phillips. You ultimately did get some results even though the administration didn't want you to?

Mr. S. Philips. Yes.

Mr. Phillips. You found 52 percent of the students were in some type of drug or other. Some in psychedelic, some in hash or marihuana, some amphetamines and barbiturates?

Mr. S. Philips. That is right.

Mr. Phillips. You supplied the committee with a copy of your paper and I would like, with the chairman's permission, to incorporate that as part of our records.

Chairman Pepper. Without objection, so ordered.

(The paper referred to above was retained in the committee files.)

Mr. Winn. Do you pass as a high school student? I don't quite understand how you gained entry.

Mr. S. Philips. No, sir. I was just passing as myself.

Mr. WINN. You weren't trying to act as a student and get close to them as a student?

Mr. S. PHILIPS. I was a student and I explained to them that I was interested only from my standpoint of doing this paper and finding out the results from the paper. I told them that this wasn't going to be turned in to the administration. I wasn't working with the CVI at the time. I was just another student.

Mr. WINN. That is what I didn't understand. Thank you.

Mr. PHILLIPS. Just one other question, Officer Philips. You found in your study, as the child increased in age, there was a substantial increase in the use of drugs: is that correct?

Mr. S. PHILIPS. Yes, I did.

Mr. PHILLIPS. I think you started at age 15, 34 percent into drugs. By the time they got to 17, it jumped to almost 61 percent.

Mr. S. PHILIPS. Seventeen appeared to be the age group where most drug abuse was occurring.

Mr. PHILLIPS. One other question: Has the situation gotten better or worse since the time you took that survey, in your view?

Mr. S. PHILIPS. I would consider it has gotten worse. From what you see on the statistics from arrests, with possession or sale. I am sure it has increased. I don't know from what number to what percent it has increased the problem. But I think we can figure it up from the arrests and from what you know about it.

Mr. PHILLIPS. Officer Stevens, just one question: You come from a very, very small town here in Kansas; is that correct?

Mr. STEVENS. Yes, that is correct.

Mr. PHILLIPS. I think you told me the population was about 2,600.

Mr. STEVENS. Yes, sir.

Mr. PHILLIPS. Did you do undercover work in that particular town?

Mr. STEVENS. No; that was my hometown and I wasn't really allowed to.

Mr. PHILLIPS. How do you work in towns of similar size and dimension?

Mr. STEVENS. I had the opportunity to work in a number of small towns with the bureau.

Mr. PHILLIPS. Would you tell us what the drug picture was in those small towns?

Mr. STEVENS. As Mr. Purdy stated, there is usually three or four individuals in the small towns, and of these three or four, they frequent the high school area. And during this time when the high school students are in town and you get some people that are older than high school students living in the town and possessing these drugs, they are going to attempt to buy to satisfy their own curiosity and needs.

Mr. PHILLIPS. So your work has taken you pretty much all over the State and the small towns and villages and you find drug abuse there exists just as it does in the larger cities; is that correct?

Mr. STEVENS. Yes, sir. I might add, I am presently working in a small county of only 12,000 people, and we have, the towns in this county are small, 900 to 1,100 people, and just recently we arrested one juvenile and three other individuals that were just 18 years old in this town that were connected with the high school.

Mr. PHILLIPS. What were they doing?

Mr. **Stevens**. It was primarily marihuana, but the statement that was given to us by the juvenile, he admitted that he wanted to see it stopped, for the simple fact a couple of his friends that were 18 were starting to go to a larger city and starting on the needle.

Mr. **Winn**. I think the committee ought to be made aware that marihuana grows wild, a lot of it, in Kansas. It is not hard to find.

Mr. **Phillips**. One of the interesting things I have learned since I have come to Kansas, Congressman, is Director Purdy showed me a picture taken out in the marihuana field here; and the marihuana was so high, all that was visible was his hand and head up above the marihuana.

Chairman **Pepper**. We had a similar picture in Omaha and Lincoln, Nebr. I had the picture out at the field and there was some marihuana growing on the grounds of the State prison at Lincoln.

Mr. **Winn**. I would like to ask Sergeant Tush, when you arrest these kids, and you are dealing basically with middle- to high-income families I would imagine, although we have some low-income families in Johnson County; am I right?

Mr. **Tush**. Yes.

Mr. **Winn**. Middle income to high income?

Mr. **Tush**. Middle to high.

Mr. **Winn**. I wanted the committee to understand the Johnson County income setup.

What is the parent reaction out there?

Mr. **Tush**. At first, back when we began really delving into the drug abuse problem, it was of shock, and "It couldn't be my kid, maybe the one next door or down the street, but not my son and my daughter." Now it is entirely different. They realize it possibly is "My boy or girl is involved." We received a lot of help recently from parents. When they think their children are involved, they come to us.

Mr. **Winn**. Then, in your opinion, some of the publicity, the drug education programs, drug awareness day, or whatever it might be, or combination of everything, plus the fact that I am sure most of us that live in Johnson County realize someone we know or their children have had some drug problems, the combination of everything means the parents are probably more aware now than they were 2 years ago, aren't they?

Mr. **Tush**. Very much so.

Mr. **Winn**. A lot more so?

Mr. **Tush**. Yes, sir.

Mr. **Winn**. Don't you think there are still a lot of parents that just can't believe that their children would be on drugs?

Mr. **Tush**. I don't think there is any doubt about that.

Mr. **Winn**. Do you have any idea, Sergeant, how we can make them even more aware? I think that is one reason this committee is here. What else can we do, from a constructive standpoint, to make the parents aware of things to look for?

I notice, and I want to congratulate him and put it in the record, that the carpenters union is here, Mr. Chairman. We have some copies here of the "Narcotic Identification Guide," which most of us have seen before. It is a very fine deal that they are trying to get into the hands of parents and it is kind of hard to do that without an extremely expensive mailing.

What can we do to make the parents aware of the symptoms? They were described by the students on the panel today, and I believe you were here. These symptoms are the same that my teenage kids went through, sleepy and drowsy, and they come home from school and hit the couch: the refrigerator and then the couch.

Then it is unusually hard, isn't it, for parents to distinguish between what is a normal growing teenager and one that may be on drugs?

Mr. Tush. I think especially when they start out using drugs, it is very hard to determine if an individual is using drugs. But as they progress, I think this is at the point where the parents and the child know each other, because if they do, then the parent is going to see right away that something is wrong. It might not be drugs, it might be a health problem, but it is a sign they need help.

Mr. Winn. Well, of course, it shows up for one thing in the droopy eyes, but also a lot of young people are suffering from eyestrain. They need glasses, or a change in their glasses. I am trying to figure out some type of educational program maybe the Government could cosponsor, like revenue sharing, with local communities, either States or counties, or a parent drug education program. We are going to need some help from the parents.

Mr. Tush. Very definitely.

Mr. Winn. Do you have any ideas on that? I am trying to pick your brain a little bit.

Mr. Tush. We have been involved in parents and teenage education since 1969.

Mr. Winn. How do you do it? I am not aware of that.

Mr. Tush. We went into the high schools, first of all, on an assembly basis and found this didn't work. We had to get on a 1-to-1 basis. So we continued into the classroom, where the fuzz aspect, the teenagers' view of the policeman was eliminated. They found out we were human. We put on our clothes, our pants, one leg at a time. Then we went into civic organizations to give community talks to PTA's.

I think in Johnson County that law enforcement has spoken to most of the parents. If we haven't, it is the parents' fault. We have been going to the meetings.

Mr. Winn. I know that, and I know your men have spoken to civic clubs a lot, but again, not everybody is a member of a civic club. When you tell certain parents that come out that we are going to have a PTA meeting or whatever it might be called, for drug education, they always think all of their neighbors ought to go, but probably they shouldn't go.

Mr. Tush. That is very true.

Mr. Winn. That is human nature.

Mr. Tush. You can lead a horse to water but then to make him drink is another thing. I think this is what we are running into. Even the ones that are aware of the drug problem have what I call the astronaut syndrome. The astronauts have been to the moon several times. The first two or three times it was very interesting to everybody, it was scary, it was suspense, but now they have gone up there a few times, the last time probably very few people watched the coverage on TV.

I think this is what has happened to the drug problem. People know it is there, they have heard it over and over, they have heard it so much they sort of feel like someone is going to take care of it.

Mr. Winn. I just wonder if they realize the statistices we have heard today. Twenty percent was the lowest estimate I heard, and I missed about 45 minutes of the testimony, and I heard up to 70 percent. I believe you say in your report 52 percent, so we are probably pretty close to 50 percent drug usage in our schools in this area. I am not saying whether it is Johnson County, Wyandotte County, or the Missouri side.

Mr. Tush. I think in these figures, though, you have to feel some kids just tried it one time.

Mr. Winn. You would have to say a certain percentage are users, and I don't believe that any of the witnesses today have claimed there was a high percentage of addicts at this time.

Mr. Tush. Right. But how to get the information to the parents, I wouldn't have any idea of the ones who are really interested.

Mr. Winn. I think we just have to keep pounding away and try to arrive at some method or formula that does inform anybody that has children.

Mr. Tush. Right. May I ask this: On the letters we received from you, and I am sure the other Congressmen send out these letters to individuals, do these go into every household within the country?

Mr. Winn. You are talking about my newsletter? They are supposed to. You will find some post offices don't deliver them all, but they are supposed to.

Mr. Tush. I think this would be an extremely good way to get the information across.

Mr. Winn. I would be glad to do it in any newsletter, but it is like telling everybody to get out and vote. We only have about a 60-percent vote in this Nation, but we could try, and I appreciate that. That is a very good idea.

Thank you, Mr. Chairman.

Chairman Pepper. Gentlemen, I would like to ask each one of you and I will start with Mr. Purdy: Have you any suggestions as to what could be done in the schools to deal with this matter of drug use by the students?

Mr. Purdy. I have thought about this since this was brought up yesterday by Mr. Phillips, and I will have to honestly state that I don't. But if anyone else can come up with it, I will try it.

Chairman Pepper. Sergeant Tush.

Mr. Tush. I think, first of all, we have to make the teenager or anybody that is using drugs or selling drugs feel like they are going to be apprehended or caught. I think this takes an all-out effort on the school and on law enforcement to do this. And we have to work together and we hope we are working toward this effect in Johnson County at this time.

I think this is going to eliminate the individual that is experimenting, the possibility of having a bad trip, maybe an overdose, maybe a death. If we can keep the drugs out of the school, even put them underground, put the price up higher, fine. As long as that kid doesn't experiment that doesn't really want to.

Chairman Pepper. Officer Philips.

Mr. S. **Philips.** I would agree with Sergeant Tush, also. I don't know exactly what could be done. On the law enforcement end, maybe more apprehensions of those who are selling the drugs. That would eliminate, possibly eliminate part of the problem, by eliminating the material which is being consumed, the drugs that are being consumed.

Chairman **Pepper.** Do you think it would do any good for each school to have one or more drug counselors, not to be just informed of the technical aspects of drugs, but who would be good advisers and would be approachable by the students and be able to gain their confidence and help them, those who had problems; and others who might have the ability to develop peer therapy, as we call it, group cooperation, sort of an inspirational attitude on the part of people to discourage the use of drugs among the students? Would that be possible, in the opinion of any of you?

Mr. **Stevens.** I think that say a half-hour class period ought to be set aside. Like Mr. Tush said, show them that there are overdoses, there are deaths contributed to drugs, and you might sound a little abrupt, but scare tactics. Just to show them life really goes on.

Chairman **Pepper.** We had some rather effective witnesses in Chicago, professors in a pharmacological college, and cleancut intelligent young men, and they had put a team together to go into the colleges and some of the high schools and give just a matter of fact, nonpreaching lectures to the students about drugs; telling them about the different drugs and what the effect would be, and the like, but not try to push it down their throats, you know.

And they said they got a rather commendable response A number of the students would ask question when the teachers weren't in the rooms. They would ask questions because, while they know generally a lot about drugs, they seemed to be anxious to know exactly the technicalities of these different drugs. Maybe that kind of approach would also be hlepful.

Mr. **Tush.** I think it would, Mr. Chairman. There is a project in Los Angeles called DARE. This is sponsored by Dr. Ungerleider, a psychiatrist, in that area. This is a group of teenagers who go out to different schools. They have maybe a rock concert, at least a band in the area, and also set up a display, where they talk to the kids on their own level 1-to-1, plus they tell them what is bad about the drugs.

I think this is important for these kids to realize that the drugs they are using are bad when they are taken without a doctor's recommendation and prescription and how they are supposed to use it. They don't realize some of the problems they can become involved with, not only with the drug itself but with other problems.

And with a teenager their own age, young adult, which everyone calls this individual, I think they can get this point across much better. I think until we have some teenager stand up and say, "I don't use drugs, I don't want to use drugs, I don't have to use drugs" to the other students, then we are going to have our drug problems.

Chairman **Pepper.** I think you are right about that. That is one of the things I hope somehow or other can be stimulated in the schools. That sort of attitude.

Mr. WINN. We did have this group from Los Angeles appear before the committee at some Washington hearings, and it is the same group also going into some of the prisons and talking with the prisoners.

As a matter of fact, they have some prisoners, of course, who some of our young people said didn't relate to them because of the difference in their problems. They would let the prisoners out to go to the schools, to sort of, I guess you call it scare tactics, say, "Look what happened to me, don't let this happen to you." I think the program is working well.

I just wonder if you can tell us, Sergeant Tush, what your opinion is of the DIG program? I mean, as I said earlier, it is very controversial. There have been controversial meetings held about it, there has been controversial press, which Dr. O'Connor and Mrs. Sturges pretty much admitted. Have you any ideas on how that program may be made better? Maybe that is the way I should put it.

I gather you think there is room for improvement. Might I start there?

Mr. TUSH. May I say yes, but that is the only comment I would like to make.

Mr. WINN. All right. I know you have to work with them.

What we are trying to do is to work out something from a constructive standpoint. How to cope with the drug problem that is an epidemic, and that is the way most everybody refers to it. In some cities it is a heroin epidemic; in some cities it is barbiturates. It varies. Around here, as Mr. Philips and some of the others have said, it is mainly marihuana, but it is also barbiturates and some of the others. And then I have heard about this new rash of cocaine that we are getting around here.

How recent is that, or how old is it?

Mr. TUSH. We have come across it in the last 6 weeks. It has really gained momentum in the last 6 weeks in our county. You can buy it in Kansas City, Mo., but they weren't selling it in Johnson County. We have the users but not the dealers.

Mr. WINN. It is coming across now. The students we had this morning were all aware of it.

Mr. TUSH. Right. We do have a large influx.

Mr. WINN. And talking about cocaine buys. So this is another drug, and obviously somebody is making some money off it, aren't they?

Mr. TUSH. Right.

Mr. WINN. And obviously some of our students are going for it?

Mra. TUSH. Very definitely.

Mr. WINN. So that is what concerns me. We have heard about the use of these heavier drugs on both coasts. I did not attend the Chicago hearings, but here it is coming to Kansas City, it is coming fast, and with some estimates from 20 to 70 percent usage. Not talking about addicts, I want to make it clear we are talking about usage, but it is going up all of the time, in your opinion; right? It is going up in the studies you have made; right, Mr. Philips?

Mr. S. PHILIPS. Yes, sir.

Mr. WINN. Do you agree with that?

Mr. PURDY. Yes, sir.

Mr. **Winn.** Do you agree with that?

Mr. **Stevens.** Yes, sir.

Mr. **Winn.** Then I think what we have to say to the Kansas City area people is, by golly, we have a problem, and the quicker we get to it and get a fight on, maybe we can ward off some of the problems they have had on the east coast and west coast, which is the heavier drugs.

Thank you very much. I appreciate all of you appearing today.

Chairman **Pepper.** Gentlemen, you are all fine public officers. Obviously you are knowledgeable in your field and we want to commend you on your good work. Thank you for coming here today and helping us. Thank you very much.

The committee will adjourn until 10 o'clock tomorrow morning.

(Thereupon, at 5:20 p.m., the hearing was adjourned, to reconvene tomorrow, Saturday, October 7, 1972, at 10 a.m.)

DRUGS IN OUR SCHOOLS

SATURDAY, OCTOBER 7, 1972

House of Representatives,
Select Committee on Crime,
Kansas City, Kans.

The committee met, pursuant to notice, at 10:05 a.m., in the East Courtroom, Federal District Court, the Federal Building, 812 North Seventh Street, Kansas City, Kans., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper and Winn.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; and Leroy Bedell, hearings officer.

Chairman PEPPER. The committee will come to order, please.

Mr. Counsel, will you call the first witness.

Mr. PHILLIPS. Mr. Chairman, the first witnesses today are Johnson County school officials. Mr. Walter Hiersteiner is the president of the board of education; Dr. Arzell Ball is the superintendent of the Shawnee Mission Schools; and Mr. Charles R. Smith is the director of the Shawnee Mission Schools.

All have been involved with the drug problem here in Johnson City.

Will you gentlemen please come forward.

Chairman PEPPER. I failed to announce specifically yesterday that the distinguished Representative from the Kansas City, Mo., area, the Honorable Richard Bolling, sent us a letter expressing his regret that he could not be present to attend our hearings.

Gentlemen, we are pleased to have you this morning.

STATEMENTS OF WALTER HIERSTEINER, PRESIDENT, BOARD OF EDUCATION, JOHNSON COUNTY, KANS.; DR. ARZELL L. BALL, SUPERINTENDENT, SHAWNEE MISSION (KANS.) PUBLIC SCHOOLS; AND CHARLES R. SMITH, DIRECTOR

Mr. PHILLIPS. Mr. Hiersteiner, will you tell us what the board of education has done about the drug abuse problem as they see it here in the schools in Johnson County?

Mr. HIERSTEINER. The board has been alerted to this problem for a number of years and initially there was a committee on drug abuse which was activated involving administrators and patrons, and recommendations were made out of which developed a very comprehensive drug education curriculum.

In addition to that which has now been implemented and which is being revised and constantly included in our school curriculum, K through sixth, and onward, seventh through 12, we have undertaken in-service training with the teachers.

We have also undertaken adult education programs. We feel that the administration is alerted to the importance of this, which is a serious problem, as we recognize it, in our area, just as it is in all of the areas where there are young people congregating.

We consider our work beginning; we are trying to implement it, we are encouraging and insisting through the administration that every effort be expended and they, in our estimation, are responding.

Mr. PHILLIPS. Could you tell us how the board, itself, first got involved with the problem?

Mr. HIERSTEINER. I would have to answer that, remembering only that as involved patrons, which naturally all board members are, we were aware and we had discussions with administration, we had discussion with our patrons and we felt a number of years ago that not enough was being done and it was the strong feeling of the board that a definite effort had to be undertaken and strengthened in this area.

Mr. PHILLIPS. Dr. Ball, what has the administration done about the problem so far as training teachers and creating programs to minimize drug abuse?

Dr. BALL. Specifically, we had a large amount of inservice with our counseling staff, with our administrators, and in a somewhat broad way with our teaching staff.

Mr. PHILLIPS. Tell us, essentially, how many of your counselors or how many teachers in your system you feel are adequately trained at this time to handle drug abuse education and drug abuse counseling.

Dr. BALL. All of our counselors have had inservice. I don't know if I can answer how adequately they are trained, but they have been given inservice in the area.

Mr. PHILLIPS. When you say "inservice," can you describe to what extent that means?

Dr. BALL. I would like to refer the specific workshop to Mr. Smith, because I did not attend personally, and I think he did.

Mr. PHILLIPS. Fine.

Mr. SMITH. If I may, gentlemen.

The inservice workshop for counselors was in the form of a retreat. It was conducted at a local hotel where they stayed all day, all evening. It involved people who had appeared before this committee in the role of training. We alerted them to the situation as we saw it at that time. This was some 2 years ago.

The results from it were favorable. The counselors felt a good deal more secure in the area of information concerning drugs and their ability to work with young people. We have since that time experienced some turnover and I am sure there are holes in that program.

We are thinking about updating the new arrivals in our school system.

Dr. BALL. I would like to add, on the elementary level we attempted to train intensively one resource person at each building, since we do not have counselors at the elementary level.

Mr. PHILLIPS. I think the program you have described is one that has been described to us in other cities throughout the country and the teachers, themselves, have come and testified, not here, but in other areas, and they say 1 day of inservice training is entirely inadequate for them to really feel conversant with the subject. It is like asking someone to go in and teach aeronautics after being briefed for a day. Would that be your opinion?

Perhaps you first, Dr. Ball.

Dr. BALL. I think that is true. I think it would have to be an ongoing process. One day would not do it. We hope that we have supplemented our inservice at regular intervals.

Mr. SMITH. Yes, we have in fact conducted full semester courses, as a school system, for people in our schools for either college credit or what we call district credit and these are conducted over a regular semester and embrace an instructor and full program.

Mr. PHILLIPS. How many counselors or how many teachers have attended?

Mr. SMITH. I don't have these figures.

Mr. PHILLIPS. Approximately?

Dr. BALL. I think approximately 300 professional staff have been involved in the courses and in the extensive inservice, and we have used primarily instructors in the K.U. Medical Center, from U.M.C.K. and K.U., plus some M.D.'s within the community that have donated their time.

Mr. PHILLIPS. Essentially, as I see it, then, it is a course which has been given at K.U.?

Dr. BALL. No; it has been given by extension in most cases at our senior high buildings after school or in the evenings to interested staff and to resource people from each building. We have also made these more or less compulsory for our counselors and for all of our vice principals and principals.

Mr. PHILLIPS. Would it be fair to say that all of your principals and vice principals have attended this?

Dr. BALL. They have had inservice that we think has been good inservice. Again, I hesitate to use the word "adequate," because I don't know what adequate would be.

Mr. PHILLIPS. Are you talking about a month's course or are you talking about a 1-day course?

Dr. BALL. We are talking about a semester course that would meet either two, three—in most cases either two nights or three nights a week.

Mr. PHILLIPS. You say two or three nights a week for 6 months?

Dr. BALL. For a semester, or 18 weeks.

Mr. PHILLIPS. That certainly sounds more adequate than some we have heard about throughout the country. And 300 of your teachers have attended such courses?

Dr. BALL. The 300 have been exposed to inservice. Maybe not that extensive because some of them were in workshops which would have been maybe just 2 or 3 days. I can't give you the figure on the semester credit.

Mr. PHILLIPS. Is it that 2 percent of your teachers have had a month or full semester course and the rest of them had inshop and some 1 day? These 300 people, how do we break it down is what I am trying to get at.

Dr. BALL. I would say 300 have had either a number of days or the college courses. All of our teachers have had some building inservice on drug education sponsored by Charles and by other members of our staff and community.

If you want a percentage that has had this in-depth service, we have a total of 2,200 professional people. Whatever 300 is of 2,200, I would use that percentage.

Mr. Phillips. About 15 percent.

Dr. Ball. Okay. Then I would say 100 percent of our staff each year is exposed to some inservice on drug education.

Also, in our curriculum workshops, since we have our program integrated K–6 in the basic area, math, science, social studies and language arts and at the junior and senior high level, integrated within the disciplines, for instance in American government we have a certain phase of drug education where in science we have a different phase.

So all of our teachers are exposed to curriculum workshops in drug education as it is integrated in our curriculum. This is the point I want to make. I don't think you can isolate—I may be wrong—I don't think you can isolate and be very effective with drug education. I think it has to be integrated in the curriculum.

Mr. Phillips. I think that has been the tack that many people, from our experience a vast majority, have taken and it is turning out to be entirely inadequate. The teachers say it is inadequate, the counselors say it is inadequate, and the children, themselves, say it is inadequate.

They say it is inadequate because the teacher never really gets enough involved in drugs to be at the awareness level of the student body. He is never really that conversant with the subject. He hasn't had that type of training.

Similarly with the English instructor, he is not involved to the same degree the kids are and they don't seem to be able to deal with the subject comfortably. They are not really prepared to deal with it. They are not prepared in the university or by any training they receive.

So by taking this tack, you are saying, essentially, 100 percent of your teachers have to know something about the drug problem. They all have to know something about their own discipline and be able to communicate that to the children. That means you have to have 100-percent preparation on all of your teachers and you just told us 15 percent of your teachers may be adequately trained to do it. I don't see how the program is going to be effectively carried out.

Dr. Ball. I disagree with you 100 percent. If you are proposing going the alternate of segregating it out——

Mr. Phillips. I don't care which one you choose, but I think in the method you choose you haven't trained the people to carry out the program.

Dr. Ball. I agree with that and we haven't arrived yet, but we do supplement our basic programs or basic units with authorities in the field of drug education, which I previously referred to. We simply do not—I am not copping out, either, it is just the cold hard facts—we simply do not have the funds to hire a large staff of experts in drug education if they were available. I don't think they are even available.

So I think the only alternative is the route that we have pursued.

Mr. Phillips. I think there are other alternatives that occur to me, but I do not know whether you would pursue them.

Dr. Ball. When you suggest those alternatives, I would like to discuss finance with you.

Mr. Phillips. Fine. That is why we are here.

Mr. SMITH. May I make a point? I think it is important for the committee to understand that we are talking about a program that commenced 2 years ago. The original training with our counselors, with the intense training in the workshop programs, did in fact take place 2 years ago. We are aware that the program is not perfect. We are working on it, making every effort to improve it.

Mr. PHILLIPS. Mr. Smith, it seems to me that 2 years ago there was a flurry of action in this area and then it seems to have died and gone away. If you read the reports and the history of this problem, you will find the educational systems got active in 1969, 1970, created sort of crash programs, and then the thing died. Nothing happened after that.

Now, would it be fair to say most of the workshops you are talking about and the inservice you are talking about happened in 1970?

Dr. BALL. I feel that is not the case. I think that we were somewhat naive and maybe a little dramatic when we started out with the program because we certainly weren't authorities in drug education.

I think now that we have become more sophisticated with our curriculum development, it has become more routine. It is very difficult to dramatize drug education to a group of senior high school students over a long period of time, and I don't think maybe this is wise. I think it should become an integral part of the curriculum and I do not know that we should dramatize it each day.

Mr. PHILLIPS. I am not suggesting you do that. I think there are other alternatives.

Dr. BALL. I am proposing we are doing much more now than we did 2 years ago, hopefully work that is indepth and work that will do some good. I have no valid statistics to give you; however, I think that just with action research that we do have some success stories to tell.

Mr. PHILLIPS. I hope you do. Would you agree with the testimony that we have heard the last few days that drug abuse in the schools here in the Kansas City area has expanded over the last couple of years?

Dr. BALL. I do not know. I agree it is a very serious problem.

Mr. PHILLIPS. I think perhaps we should know. Maybe you do not have the money to do it, but it seems to me when you are running an educational program, the purpose of which is to reduce drug addiction, drug abuse, and having the responsibility for performing that function, that you should have some knowledge whether the program you have been utilizing has been effective or not.

Dr. BALL. I agree.

Mr. PHILLIPS. Do you agree with that premise?

Dr. BALL. I agree; and I do not know how to come up with highly reliable statistics on the problem.

Mr. PHILLIPS. I do not know they are going to be highly reliable, but some statistics are better than none in some cases.

Dr. BALL. Yes. Just for example, we have conducted student surveys. One way to know what involvement we have in drugs by students is just to ask them. We have done this.

Mr. PHILLIPS. Have you done that consecutively or did you do it in 1970 and discontinue it?

Dr. BALL. We have not done it regularly.

Mr. PHILLIPS. You did it in 1970?

Dr. BALL. Right.

Mr. Phillips. You are to be congratulated on that because some systems here in the Kansas City area have not done it at all, and when the boards were confronted with doing this type of survey, the boards, themselves, rejected the idea because they felt it was too controversial. So I think you are to be complimented in undertaking the initial survey.

Can you tell me why you did not continue the survey method?

Dr. Ball. I do not think there was any specific reason. We are preparing at the present time a comprehensive report for the board of education and it will be given in the joint instructional meeting in Shawnee Mission on November 20.

In this report there will be some additional information and I have not seen the statistics at this point. I do not think we had any particular reason for not doing it. We probably should have.

I think, you know, that when you talk about drugs, I assume—maybe this is a false assumption—I assume maybe you have excluded some of our drugs we have had around for several generations, such as tobacco and alcohol. We have included those two areas in our curriculum and I think we have made definite headway. "We"—including television ads, the community, not just the schools, in the area of smoking. I think you will see a radical reduction in the number of youth that smoke in the near future. It isn't here yet. It isn't here yet because we have had a huge increase of girls smoking. So statistically it is not significant.

Mr. Phillips. I get the impression from the testimony we have heard here, specifically, that drug abuse in Kansas City is on the increase. Do you agree with that?

Dr. Ball. I don't know. Of course, I don't have any idea outside of Shawnee Mission, any more than what I read in the paper, but I feel in Shawnee Mission it has reached the plateau. I cannot prove that.

Mr. Phillips. Doctor, we have talked to members of your school system, principals, and teachers, and so forth, as well as some of the children who testified here yesterday and other children we have talked to who did not testify. It is their opinion that in the last 2 years the drug scene has become much wider, the amount of drugs taken has become more and the variety of drugs taken has become broader.

One of your principals told us that his estimate was that 15 percent of the high school students were involved with taking drugs.

Do you think that is a fair estimate?

Dr. Ball. I refer that to Charles.

Mr. Phillips. I am asking you. I am sure I would like to hear Mr. Smith, but do you think that is a fair estimate?

Dr. Ball. 15 percent—I just have to say I don't know.

Mr. Phillips. I know it is a hard question, but don't you think you should know?

Do you have a comment, Mr. Hiersteiner?

Mr. Hiersteiner. My reaction to that, Mr. Congressman, was that I do not see any particular purpose served by the figures. We are aware that it is a serious problem.

Mr. Phillips. Mr. Hiersteiner, many people have said that to us: "We are not interested in percentages, we are not interested in the figures, as long as we know we have the problem we are going to fight the problem."

The difficulty with that type of thinking, in my view, is that if you do not know the dimension of the problem you do not know how much resources you should put in the fight. If it is a minimal problem with one or two kids involved, you are not going to gear up your entire staff to get in the battle, but if you are fighting an epidemic then you are going to put more resources and more effort and more work into the problem. I think it is just common sense. So to say that we don't care about the percentages and don't care whether it is getting worse, we are going to fight the same fight, I don't think is unrealistic.

That is my view. Would you comment on that?

Mr. HIERSTEINER. The reason I feel that at any particular time the figures are not very significant is because we are aware of the risk of an increasing proportion of this, and I cannot conceive that any effort today would be diminished by the feeling of complacency that it is only 5 percent or 10 percent or 15 percent. I think those are very substantial percentages in and of themselves and I think that the fact that they might rise to something considerably more is enough to generate us into the kind of action we would expect.

So I only say that complacency can result in the minds of some by saying it is only 5 or 10 or 15 percent.

We have a rather large school system. I do not see any room for complacency in this matter, whatsoever.

Mr. PHILLIPS. I am happy to hear that. What do you do in your school system with a student who manifests by his activities in high school performance that he is using drugs?

Mr. HIERSTEINER. I do not know that I can give you the exact answer to that. I feel that it depends—I know that we have communication with law enforcement officials, we have communication with parents. The circumstances may dictate which route we pursue, but perhaps Mr. Smith can answer that better than I.

Mr. PHILLIPS. Anyone who wants to answer it.

Dr. BALL. I would like to say in general we feel in Shawnee Mission it is the responsibility of the public schools to provide education for every child, and we do not exclude trainables, educables, students who have problems with drugs. We do, in some cases, separate them from their peers. I am now specifically referring to our district school. Any student that we feel would benefit attending our district school and is in problems with drugs at his school or in his proper attendance area, we do transfer, by due process, over to the school. Mr. Smith is in charge of this procedure.

Mr. PHILLIPS. Could you tell me how many such students you have transferred in the last year, if you know; just approximately?

Mr. SMITH. Drug related?

Mr. PHILLIPS. Yes.

Mr. SMITH. Thirty-eight.

Mr. PHILLIPS. That is 38 students who were attending schools in the Shawnee Mission District were transferred as a result of either drug use or drug possession?

Mr. SMITH. Yes.

Mr. Phillips. They have been transferred compulsorily to another school; is that correct?

Mr. Smith. To a special kind of school; yes.

Mr. Phillips. Could you describe the special kind of school for me?

Mr. Smith. It is a program that is operated after regular school hours in one of our buildings. This year our newest and finest senior high school. It involves the basic course work that is required by our State rules and regulations for graduation.

Youngsters can find their way there for a number of reasons. The drug situation is a part of it.

Mr. Phillips. Difficult problems, and things like that?

Mr. Smith. Yes. It is an effort on our part to provide a continuing opportunity for education, even for young people who are involved in difficulties, whatever they may be.

Mr. Phillips. Would you say that school is effective? What I mean by that is do you get a lot of dropouts?

Mr. Smith. No; it is reasonably effective. There are many, many factors that cause dropouts, drugs being one of them. The majority of people do stay and do get the work.

Mr. Phillips. The majority do, about 50 percent?

Mr. Smith. No; I would estimate in the 80 or 90 percent range. Health is a factor in some cases.

Dr. Ball. In fact, this school has been too successful from the standpoint of finances, because we are not given any State aid to operate the school after the regular school hours and this was financed 100 percent from local funds. By the end of the year, last year, since our guidelines were rather loose in the area, we had over 900 students attending. We did a little research on why so many were attending and some felt the teachers were better in the district school than in their attendance area and they were just dropping out, top students dropping out and attending schools there, particularly in classes like American Government.

Mr. Phillips. Could you explain that to me?

You say there were people dropping out of the regular school to get in the extension school?

Dr. Ball. Yes. We set up the extension school for students who had trouble adjusting to the regular schoolday, and we just assumed those would be poorer students, academically, at least in some cases, or behavioral problems. But we found out at the end of the year we had some of our top students in the school. Some of this was brought on because they were working during the day and needed some flexibility in their schedule.

Mr. Phillips. Can you tell me what counseling facilities the school has; that is, the school for the compulsory transfer?

If a child manifests a drug problem to a teacher or is observed by any of the staff at a school, what is the response of the school to it and can the school counsel that child in any meaningful way?

Dr. Ball. Let me answer that in general, and, then, I would like Charles to fill in, because he is the administrator in charge.

First of all, I think it depends a lot on age. In Kansas, we have a compulsory attendance law through the age of 16.

For instance, if this were a junior high school student, I think the first corrective measure that would be pursued would be the home-school contact in every case, because we feel that the parent is involved, the parent is concerned, particularly at that age.

This is a very effective corrective measure.

At an older age, it may be that we would immediately start working with the law enforcement agencies with this problem and somewhat pool our information.

Mr. PHILLIPS. Do you think that is a desirable way of handling a child who is in trouble, going to law enforcement?

Dr. BALL. I think it depends on his age or depends on how severe the situation is. I think we like to think that in Johnson County we have outstanding law enforcement agencies, and I think in most cases they are professional people that we can deal with.

Mr. PHILLIPS. Let us assume that a child goes to a teacher and says: "I have been using speed and I am getting strung out, and I am really in trouble." The child is 16 or 17 years of age. What would the response of the school be?

Dr. BALL. I think the first response would be a counseling situation and in each one of our senior highs we have five full-time counselors—in some cases a psychologist. I think we would pursue it as a counseling situation first—again, depending upon the severity of the act.

Mr. PHILLIPS. That is what I am trying to get at.

Do these people have the abilities, the training, and the tools to really counsel a child effectively who has a drug problem?

Dr. BALL. Well, I would add: To the five counselors, we have three vice principals and a principal that I think are just as well trained.

Mr. PHILLIPS. It seems to me if you are going to start adding to the numbers, the first five could not have been too well trained.

Dr. BALL. I think they are.

Mr. PHILLIPS. I am not picking on your five counselors.

Dr. BALL. I realize that.

Mr. PHILLIPS. What we are trying to direct ourselves to is the fact that your system and other systems throughout the country have not really prepared people for this counseling which must be done.

We have not, as a nation, instituted the programs that are necessary to give children the assistance they need at this early age. It is no reflection on you nor the country. Perhaps, it was just something we did not observe quickly enough: we did not get into fast enough. We are trying to determine if these five people, with their other burdens and their other duties and age and/or seniority in the system, whatever other factors that exist, are really capable of getting in there and counseling a young person involved with a drug problem?

Dr. BALL. I think it is a matter of degree.

I refer that question to Walter or Charles.

Mr. HIERSTEINER. I would take a chance by simply saying that I do not believe that they are, except at initial stage counseling.

I believe it would be a mistake for us to expect them to do the type of counseling that I would understand to be necessary. For them to have the referral would just be somewhat without saying, as far as I would view this. The problem is aggravated because the referral gets us out of the school system rather quickly, because we do not have the personnel, and I would not exactly feel that we should. I think it is an argument to which I do not know the answer, as to whether we could be expected to get into that area.

Mr. **Phillips**. That is exactly the argument the committee has generated throughout the country. We are confronted, the Nation is confronted, with the problem of whether the school system should refer these people to some other agency, which apparently does not exist, for counseling assistance and rehabilitation and treatment, or whether the school system should develop that resource within its own operation; whether you should have in your particular school system counselors who are able to do this, or programs within the system to handle that particular problem.

I think we have a philosophical debate.

Some educators say: "We are educators and we will do preventive education; we do not want to get involved in treatment, rehabilitation, and counseling of kids with drug problems." They want to stay within the educational facet of it.

I think we are going to have to resolve that debate and we are going to have to hear arguments from both sides to resolve it. I think the committee has been successful, at least in generating that debate.

I would put this proposition to you and ask you to comment on it. Who else could counsel these children other than the school system, in your view?

Who is better prepared to do it?

Dr. **Ball**. I think it takes a cooperation among the appropriate agencies, and we have tried a small program of treatment which I think Charles can tell you about, if you are interested, and what our success has been; but we found out that we simply have to have cooperation from other individuals and agencies. For instance, here again, I do not think it is realistic financially for us to staff psychiatrists.

Mr. **Phillips**. Why not?

Dr. **Ball**. Well, with our present archaic method of financing schools, it just is not feasible.

Mr. **Phillips**. Assuming the Federal Government would make funds available to a school system to hire psychiatrists, to hire group counselors, would you then be in favor of staff psychiatrists?

Dr. **Ball**. I would like that.

Mr. **Phillips**. I am glad to hear you say that. So would I.

Dr. **Ball**. But I have assumed somewhat the opposite, since the Federal Government in the particular system I am in now plays a very small part. And in the State, I think, the finance formula is very archaic.

Mr. **Phillips**. I have no other questions at this time.

Thank you very much for your candid answers.

Chairman **Pepper**. Mr. Winn?

Mr. **Winn**. Thank you, Mr. Chairman.

I would like to ask some questions, and I would want to point out to the committee first that I know Mr. Hiersteiner and Dr. Ball very well, personally. But I am going to ask some questions, because, as I was telling the chairman this morning, my phone was ringing off the wall last night as late as 11:30 and starting again at 7:15 this morning, because of the publicity these hearings have generated.

And, of course, this almost sounds like a statement: One of the calls was highly critical that we were picking on the Shawnee Mission School District because of the young people involved yesterday in our hearing, and "Why are you overlooking Wyandotte County?"

This committee is not interested, really, in any county breakdown, because we have been all over the country; we are not overlooking Wyandotte County for any particular reason at all. There is a drug problem in Wyandotte County, too, just like in Johnson County, and, as I said yesterday, the State line really makes no difference as to where the problems really lie. I wanted to make that clear.

We will have Dr. Plucker—I see him in the room—and a panel of Wyandotte County school officials on shortly after this panel.

So, we are not playing counties and we are not picking on Johnson County.

I think most of the people in this area are well aware that Johnson County is a very large county and has a lot of big high schools under the Shawnee Mission District. I tried to explain that yesterday afternoon to the committee. I did explain it.

I would like to point out to the committee, too, that the programs of drug education in the Shawnee Mission schools, as Dr. Ball says, are relatively new. They have been in existence for about 2 years; and I would be the first to say that I think they are trying, and I think that is what Walt was saying, that they are trying and they are changing and upgrading their thinking all of the time. Their program has been controversial; it has been criticized by some of the press and by individuals, by some of the patrons Walter referred to. I think this stems from possibly a lack of thorough training. Part of it might result from lack of thorough training of really knowledgeable teachers. The inservice training program, Dr. Ball, that you referred to, some of your teachers are going through the training program where they can get college credits, which is not unusual for teachers that are looking ahead, and some of your teachers are not going to anything but the 2- or 3-day sessions.

If we had the answer for all teachers, then, I think the program would be better, but you do have a variation of teachers and their ability to teach, as you well know.

You are going to have the same distinction when it comes to the ability to teach education; and this is just human nature.

I am not being critical. I am pointing out, I hope, some of the weaknesses, and I am sure you gentlemen realize that.

But we have had examples, and some of my callers this morning gave me names, they gave me places, they gave me times that schoolteachers were teaching—and if I am wrong, I would be glad to have any of the three correct me on this—that students were being taught how to shoot heroin and how to melt peanut butter and which veins to use. I am trying to figure out in my own mind, and maybe you gentlemen have the answer or maybe Mr. Smith does, exactly how this detailed teaching method would be helpful in teaching kids to stay away from drugs.

Chairman **PEPPER.** Are you talking about part of the drug education program?

Mr. **WINN.** I am talking about part of the drug education program.

Dr. Ball. May I take a stab at that?

Mr. Winn. Sure.

Dr. Ball. That is inconceivable to me that that could happen. I can see no justification for it, and knowing how parents in Shawnee Mission are—they certainly are not bashful—how that could happen and I would not be informed, or the principal or the teacher or someone. I have never heard that before.

Mr. Winn. You have never heard it before?

Dr. Ball. Never. I would be very happy to investigate any case like that, personally.

Mr. Winn. I appreciate that, Dr. Ball, because that is exactly what I told the people this morning, that I had no personal investigators at my disposal but I would see if this committee or some of the law enforcement officers would look into this. I do not know if it is true or not. The name of the school was Katherine Carpenter School.

They gave me the name of the teacher. I am not going to try a case publicly here, but I think all of us would like to get at the bottom of this or any other circumstance of this case, because if we have teachers like this, it is just beyond my imagination, and possibly some other people in the drug education program could say, "Well, they have got to know everything there is to know about it."

But to me this is teaching them how to use drugs—not drug prevention—and that to me would be the difference.

If I were in your shoes, I would tell you what I would do. If this was true, I would boot that person so fast he would not be around 30 seconds later.

Let's get back, because I do not know how long these calls are going to come in, and I may be furnishing you gentlemen with additional information. And I hope that they are wrong, but if these people are right and confirm the facts and the law enforcement investigators do bear this out, I am sure you gentlemen will cooperate all of the way with them, which you have done before.

But, talking about cooperation, Doctor, Sergeant Tush said yesterday that he had 20,000 names—I do not know if you heard that part of his testimony on TV or on the radio—but that he had 20,000 names of drug users in Johnson County.

And, Mr. Smith, you say you only have had 38 kids that have been kicked out of school or transferred—not kicked out, but transferred—to your night school. About the inconsistency of numbers: I am wondering how we can have such a variation of 20,000 known drug users and only 38 in the tremendously big high schools that we have in the Shawnee Mission District; how only 38 would be caught.

Mr. Smith. May I respond?

Mr. Winn. Yes, sir.

Mr. Smith. Sergeant Tush's file extends over a period of some time. It includes the names of young people the law enforcement has become aware of through all avenues of intelligence that are involved, not necessarily——

Mr. Winn. Not just students?

Mr. Smith. Not just students.

Mr. Winn. But a lot of ex-students?

Mr. Smith. Ex-students are there.

Mr. Winn. Or dropouts.

Mr. Smith. Whatever, they are there. These figures have been compiled over a long period of time and represent involvement in some degree.

Mr. Winn. Probably, mostly users.

Mr. Smith. Probably; probably, yes.

Mr. Winn. I know you work very closely with the sergeant, and I commend you for that. I think it is necessary. We do not want to use our law enforcement agenices as a spinoff to get them out of the schools, and say "OK, we have found them now. You guys are responsible for them."

That is not what you are doing, because of your night school.

Mr. Smith. In the area of the 38 young people who were transferred one way or the other last year in this matter, these were the young folks that we were completely aware of at school, that went through a process, a hearing process, required by our Kansas statutes wherein they were confronted, all of the various requirements of the statutes were met, and it was a probable situation. There was no question about it.

Now, we are not naive enough to believe that we are not whipped regularly by some young people who are extremely sophisticated in the handling, sale, and dispersing of drugs. We were successful in being aware of the situations, that number of situations last year, and took steps. We are a little bit hamstrung in some areas. What we know and what we can prove are two separate things.

Mr. Winn. This is true of the courts, this is true of the law enforcement officers that have more information and they submit it to the courts, and the courts, with only a percentage of it admissible——

Mr. Smith. This is the whole thing.

Mr. Winn. It is a real problem all of the way.

We are talking about, Dr. Ball, your drug education courses and your inservice training, and we heard yesterday from some of these young students—all but one happened to be either students or former students from Shawnee Mission schools—that the langauge of the "Drug Awareness Day," of the drug education courses, is not the language that the young people are using. They laughed at it; it is a joke to them. I am sure you have heard this before, and we have heard this at other cities where we have held these hearings.

How can we get a drug education program in the schools rewritten and presented, because they think some of your counselors and some of the convicts that have been brought in and talked to them about, "Look what happened to me," are not relevant to them and their peers?

How can we revise that?

Any of the three of you may answer that.

I think if we are trying a drug education program and it is not getting through to them because they rebel against it or they do not accept it or they laugh at it, then we are just spinning our wheels until we get something down to their level.

Mr. Hiersteiner. I would like to make a comment, Congressman Winn. I am not going to refer to you as "Larry" at this time, but I think we tend to get an exaggerated reaction to the perspective that is offered by those that are users, indicting programs that may be in excess of what the realities are. It certainly should be important to all of us how they react. I think it is equally as important to talk to some who are not users, to find out what they might contribute thus far as the explanation for their not having this need or not feeling they have to pursue something in this area.

Certainly, we are not complacent about this whatsoever.

But the scare films, for example, you talk with students as I have and as we do, and you can have surveys and you can find out that some feel this is "Mickey Mouse" and some feel that it is just pretty awful, and some perhaps are dissuaded as a result of certain of these films. I have had the distinct feeling—I think this is the feeling of our system—that some of the scare films on chromosomal damage possibilities of LSD have had some effect in reducing the number of those who might otherwise have experimented.

So, I only say that those who are involved may, with the experience under their belts, condemn all too readily certain of the educational efforts. They have not been successful in dissuading them, and we have to pay some cognizance to that, but I do not think this means our programs and the films, and so forth, are not of some effect.

I want to add one other thing. Because of the comments about the phone calls: It is, in my judgment, absolutely inconceivable that there could be a teacher teaching anything about the use of any drugs as was reported to you. I never heard this report, and, of course, it is extremely important to find out from someone who does give us this information whether they have gone to the building principal or whether they have gone to anybody in the system. And when I have to say to you we have no knowledge of any such report and that our reaction to that would be not only equal to yours but in excess, because this is our responsibility and we would do something about it. I feel we have a report that is maybe designed more to affect the reputation of the efforts we are making than one that is real at all.

Mr. WINN. I am aware of that, and every time any school board makes a move to try to improve their situation, I am sure those will be people that disagree with that technique. I think that this case was so flagrant that I guaranteed this person in this one case that I would personally follow up on it, because—and then I would supply you gentlemen with the information—because it would be under your jurisdiction.

I think, Walt, that if we have this drug education program, I do think that you might want to continue to update it and figure out, after meetings with the students, the users and the nonusers, which ones they think and you think are not doing the job and which new ones might be available that would make a better program. I am sure that you do that.

It is kind of like the Army education films for young men.

Dr. Ball, we have run into a situation that concerns all of us, and I know this to be a case because I have experienced it in the Shawnee Mission schools. I am not being critical. I would just like to get your idea of when you have classes and are they not continuous classes?

I think, Mr. Counsel, some other cities where they just go and check in and sign a roll or answer their name and then leave, which they do on the east coast and the west coast, and I think our students are, basically, going to school. But then they may have the next hour off free, or the next 2 hours off free, and that is when we think—and I agree—that they are possibly heading for trouble, that they are not continuously being educated.

I know a lot of it has got to do with space, classes, and various things that you could tell us about, but they do have some off hours, and that is when they go out to the parking lot and that is when they go to the parks and that is when they go to the restaurants and that is when they go to the pizza parlors or whatever it might be, and they are there for the lack of anything else to do until the next class comes along.

What can we do about that?

What can we do to keep these people busy all day?

And do not say "money."

Dr. Ball. No; I won't.

First of all, I think I have heard "bigness" as being bad, and I think we can cop out on "bigness." I think that it can be overcome, and we do not have the luxury of having small schools, again due to finance or due to real estate. There just is not enough land for small schools in Johnson County, and that is realistic.

But let's take a school, because they each differ a little bit. It is difficult to make a generalization. Take Shawnee Mission South with which you are identified at times. A student and a parent had checked in to a counselor and they pick a teacher that they want and this is considered as much as possible from the standpoint of scheduling, and in every case they pick the course. They sign up for a block of time. They can sign up at 8, 9, 10; they can leave from 1, 2, or 3. The attendance is checked each period by the classroom teacher, and this is a change from last year. Formerly, we had it checked by the administration, and this became a game. So, we say now that the attendance is the responsibility of the classroom teacher. If this student is absent and it is of any concern to the teacher, they are not aware of where the student is, the classroom teacher personally makes the home contact.

We sent out a card in August to every parent saying that we would like to make this home contact, "unless you object"—and some parents do object or are not available. But the majority of the parents want this contact.

Now, when you say "Students are roaming around," you may be referring to open lunch periods. If the parent wants the student——

Mr. Winn. Which varies anywhere from 11 to 1 or 1:30, doesn't it?

Dr. Ball. That is true. A 30-minute period, when they are free to leave the campus if the parent wants the student to leave.

Mr. Winn. Yes, but——

Dr. Ball. In the first place, I do not know that we have the authority or the desire to tell a person over 16 that he can't leave the campus. The law only goes from 5 to 16.

Mr. Winn. I can only revert to when I was in high school, and I hate people who say "Well, what we did when we were in school compared to what the situation is now," but we did not have the free time. We were on the school property from the first hour, and if we had free time we went into an auditorium or a gym, which was called study hall, where we were supposed to study, and we were supervised.

Then, we had a supervised lunch hour in the building, and we never did leave the building until we were out of school. We were there all day.

Why is this a bad situation now?

Why can't that situation be put together now?

Dr. BALL. When I went to high school just the opposite situation existed. I think you will find, if you do a little research on this, that most of the schools in Kansas had open lunch in the thirties and forties, and we actually went to closed campus at the time of the hot-lunch program.

Philosophically, I do not feel you can fence the students in. I do not feel that supervision is the answer. I think it is a decision to make; I think it is a set of values, and I do not think it is realistic to think that you can keep students away from pills. After all, large pharmaceutical companies are manufacturing these pills by the millions, I understand. So, we have an education process, not a fence-in process.

Mr. WINN. Well, I think that I would disagree with you there, and only because, as we have heard in some of these hearings, that one of the main problems the students themselves say is "Boredom with the school."

Mr. HIERSTEINER. That is one of the things I was going to comment about. We have heard that.

We have heard the reason that disenchantment with the school programs has had quite an effect. I am sure that this has its interplay. I think the disenchantment with home and disenchantment with society in general have their parts to play, but I think the regimenting of students at the age of—well, high school age, really, can have a boomerang effect.

There are not the extended periods where a student can be away even where there is open lunch. They can be away for a half hour and maybe with permission a study-hall period added on to that, so it might be an hour and a half.

But I think the youngsters are going to find their means of congregating after school.

Mr. WINN. Yes, but that is outside of your prerogatory then; isn't it?

Mr. HIERSTEINER. My point is that we are not adding something that the youngsters would not have by treating them with some maturity as far as sense of responsibility of attending school. We know that they go to school or we communicate with parents. We add a little bit more interest and take some of the boredom out of programs as best we can, and this, recognizing them and treating them as something other than just small children, helps in that direction. And by picking up those pluses, I do not think we are adding a real negative, although there are those who argue this. I do not think in big numbers.

We do not pick up a negative, because that negative would be there after school, evenings, and any place the youngsters can congregate.

So, I just do not think that that is an area that ought to be stressed too much.

Mr. WINN. You might be right, but when they go this course, they go to school for a couple of hours and maybe that is not exactly our situation in Johnson County, and then they are away for an hour, and then they come back for an hour or two, and then they are away for an hour, and then they come back and then they are out of school.

I know they are going to get together; I know they are going to meet, but we hear everywhere we go about how they can buy drugs at any time, any where, any place—in the gym, in the cafeteria, certain meeting places, right out in the halls. In New York, they do not have to look for them, because they run around in large gangs, because they are scared to death of them. Anybody who says "Don't sell drugs in this hall" is going to be trampled down. We do not have that situation here, thank God, and these young people said they had no trouble buying these drugs in the schools.

So, maybe—I am not advocating it—I do not know the answer to it. That is why we are having these hearings. But, maybe, we should do a little better job of policing, and, then, I am going to ask you about policing in a minute.

Dr. BALL. I think you, Mr. Winn, just described bad scheduling. I can't take issue with you.

The situation you described to me is bad scheduling, making poor use of facilities and the faculty.

I think the students should come early, take a good sampling of courses and leave.

I would like to add this thought: It seems to me that it is a lack of motivation that causes you trouble, not attendance. We must, one way or the other, motivate students. And just checking the roll is fine and it should be done as legally we must do that, but that is not enough.

We are just now becoming, I think, quite successful in career education. As an example, we have over 1,200 students in our five senior highs, in fact, more girls than boys, that are on the work-study programs in distributive education, intensive office practice, where they are out working half days and are in school half days. So, they are motivated.

I think another example of involvement: We had youth in politics last year, in which you were a speaker, Mr. Winn, and we had 2,200 youngsters that, in fact, some of them, worked as late as midnight, and they were on cable television, for example. These youngsters were turned on to politics. They need to be motivated; they need to be turned on.

Boredom is a serious problem, and we must become more skilled in curriculum; we must do a good job in attendance, but that is a symptom.

Mr. WINN. I am not criticizing curriculum; I just want more of it and less free time.

Dr. BALL. Right. For example, we have expanded at Shawnee Mission South the course offering this year by 60 courses. In one of our high schools now we have over 400 selections. You could go to school the rest of your life and never take all of the courses.

Mr. WINN. Very good.

You mentioned tobacco and alcohol—and we are aware of this, because it does come up frequently—but this committee is basically interested in crime. Although, I suppose you could say that there is crime as a result of alcohol, not nearly as much as there is with drug abuse and the high expenses in purchasing drugs, whether they are young people or anybody else, but we are particularly looking at the students who have been guilty of crimes because they have had to steal to support their habits. That is why we do not cover tobacco. I do not know anybody who has committed a crime because he could not get tobacco. But we are aware there is a problem with tobacco and alcohol.

And, as some of the experts brought out yesterday, the combination of drugs and alcohol is a real problem, and this is where we are getting the OD's, particularly on the west coast, because they are combining reds with wine. Their percentage of deaths is just zooming. Thank God, that is not our problem here.

But we had some figures yesterday—I believe it was 25 to 30 deaths that the sergeant talked about—which had not been publicized, and this shocked me and this committee because I had never heard those figures. Have you?

Did you know we had that many drug-related deaths?

Mr. SMITH. Yes, sir. That figure is 20 to 25.

Mr. WINN. Twenty to twenty-five.

Mr. SMITH. To my best knowledge, it is accurate.

Mr. WINN. And you think it is accurate?

Mr. SMITH. Yes, sir; I think it is probably conservative.

Mr. WINN. It is probably low, because we have a very poor reporting system.

In the State of Kansas the coroner does not have the right to demand an autopsy, and we have family physicians and parents that are not cooperating. So, at 20 to 25 it is shocking enough, and if that is conservative it scares me to death.

I do not know why it has not been publicized, and I think maybe this is one of the things, Walt, that some of the students should know. We are losing young people as a result of drug abuse. A lot of them, I suppose, would be dropouts, kids that did not go on to college.

Mr. HIERSTEINER. May I say something?

Back several years an unfortunate occurrence brought this very vividly to the attention of the board and the administration. We have a program designed to prevent dropouts or to get dropouts back into the system, and out of that program has been born this extended night school, but in working with some of our dropouts over the summer months to get them back into school—this goes back maybe 3 or 4 years—one of the young people whom we thought we were getting back into school subsequently was one of the first deaths, and this was in the summer months on a picnic, as I recall.

But we were very much aware of this, and we do not feel this is somebody else's problem. We have got that problem, and that just strengthens our effort. We know we are dealing with a serious problem with kids, and, so, we do not take any of it lightly.

Mr. WINN. Let me ask any of the three of you to comment on this. And, then, Mr. Chairman, I will complete my questioning. I do not want to seem to monopolize this conversation.

But it is my school district and I have served on an elementary school board out here, and I am pretty familiar with some of the problems. It is my understanding that the school board was offered the services of some of these trained dogs which, as I have seen on television, have the ability to sniff out certain drugs. In some schools in the country, California and others places, they have used this system of having the dogs sniff the lockers to see what they have in the way of a supply of drugs in the school, what the students have brought in, which they are either going to keep, use, or sell, I suppose. You have one of the three alternatives.

It is my understanding that the school board or some of the individuals on the board did not choose to use this method; and I wondered why.

Mr. **Hiersteiner.** I would like to say, from the standpoint of the board, that there has been no presentation of this to the board at all. There have been individual contacts by the owners of the dogs with some of our board members. I learned about this as recently as 2 or 3 days ago by happening to be at the school board office when the gentleman was there talking with our superintendent. At that time, he indicated that he had spoken with six or the seven members of the board, I being the seventh, and that he had some objection and some were interested.

Following that conversation, I talked with other members of the board. We have not had any public discussion of this, and our decisions have to be made publicly. I might say that personally I have reservations in my own mind as I am studying this, because they are philosophical as well as financial. I think that the learning process, which is our primary domain, is where we ought to keep our talents and our efforts, and, as far as law enforcement, I do not think we should be the primary instigators.

It goes, without saying, that we would cooperate with anybody on a program like this if the program were known to be valid. I understand there is some question which I have just recently learned of, as to the effectiveness of this. Be that as it may, we would cooperate.

I do not think that we can devote teacher time or money for programs for an activity like this which would lead, as I would understand it, simply to some suspicion of the use of drugs. Where we would go with that suspicion and how effective it might be in court or in any of these other things remain unresolved.

But I should express this as my personal reaction to it. The board has not considered it. I learned from Mr. Smith just before the meeting today, that there has been some effort to investigate this, some pros, some cons, already expressed with respect to the experience. So, this is not an established thing.

Mr. **Winn.** All right. So, the board has taken no official action, and the individual concerned has only made personal contacts.

Mr. **Hiersteiner.** That is correct.

Mr. **Winn.** I do not think there is anybody on this committee who thinks we are trying to make policemen or law enforcement officers out of teachers, but at the same time, since they have a certain amount of given hours per day with the students, they may have to partially become law enforcement officers, or the students, in some cases, may take the school away from the teachers and the administration. I do not think this committee is in doubt about several places in the country where this is the case. I am not saying it is happening here, but I am saying what has happened other places could happen here.

Dr. **Ball**. I think there is a separation of law enforcement from educational institutions, at least in the Midwest, which is healthy.

For example, we have an officer on duty full time in our parking lots in all five senior highs for parking purposes. It seems to me that this type of activity should be sponsored by law enforcement agencies, and we would have a role of cooperation.

I can't see that we should engage in this kind of activity. For example, it has been ruled it is illegal for us to spend tax money for crossing guards. It is extremely important that children get to school safely. But that is the function of the municipality. I think this is the function of the police department.

Mr. **Winn**. Let's say that this application was made to the board and also that the law enforcement officers in this community said that they would like to do this as a part of a study to see really how many drugs are in these lockers. I do not have the faintest idea whether there are any or not. I suppose there are some. If they asked the board for permission, do you think the board would approve the permission, letting law enforcement officers do their job, give them access to the school, to come in and have the dogs sniff the lockers?

Dr. **Ball**. I certainly can't answer for the board.

I refer that to Walt.

Mr. **Winn**. What is your opinion, as superintendent of schools?

What would your opinion be?

Dr. **Ball**. My opinion is that this presentation should be held in, for example, the Overland Park municipal meeting, not the board of education meeting, the first meeting.

Mr. **Winn**. Why Overland Park?

Dr. **Ball**. Most of our senior highs are in Overland Park.

Mr. **Winn**. Walt?

Mr. **Hiersteiner**. In answer to the hypothetical question, the worst mistake I could make would be to try to judge in advance what the reaction would be of the other members of the board. I would say that in the give-and-take exchange there is a definite possibility that our majority would be in favor of an experiment of this type, depending upon its cost, depending upon whether it was a request of the police authorities so that we are not to be found stinting—I think this is a fair statement—we have not been found wanting in any respect as far as cooperation with the police officials.

Mr. **Winn**. What if there were no cost?

Mr. **Hiersteiner**. I am assuming from the test, there probably would not be any cost, but I think that we, motivated by this desire to cooperate, if this initial request came in from the police authority the chances are that we would undergo that.

I think, on the other hand, we would be influenced by the question as to whether it was going to be an ongoing program, and, if so, who was going to bear its cost.

I think we would have to take a little bit of a look, philosophically, into the subject of what kind of undermining would this bloodhound-type activity evoke with our general student population.

Now, this, I think, is a cherished relationship that we have, and I think it is important, and I do not want to answer this question. I say, we will certainly give it consideration.

Mr. WINN. Walter, I am not trying to put you in a bind on that, and I appreciate your thinking on the philosophical version, but we live under laws and regulations in this country that are half-psychological anyway, like "This street is patrolled by radar," all over this country, and, in many cases, there has never been a radar trap there, ever. But it slows us down.

Thank you very much, gentlemen.

Mr. SMITH. May I react just for the record?

This initial contact that was made was a request to hire for services for money. We never discussed any amounts or anything else. But it was a commercial opportunity that was offered to us with the overtones of the help and assistance in drug control, and so forth. But it was a commercial thing involving tax moneys.

Mr. WINN. I understood that. Thank you.

Mr. BLOMMER. Mr. Chairman, I would like to make two comments, one directed at Mr. Winn's comment.

The panel of children we had yesterday were, in the main, from the Johnson County Shawnee Mission School District.

That does not reflect in any way the belief of the staff of this committee that drug abuse only exists in Johnson County. That is clearly not the case. The hard facts of the matter are that only in Johnson County, in this area, is there any place for a child or a parent of a child who has a drug problem to turn; therefore, because the problem is recognized more openly in Johnson County we were able to contact children who were trying to help themselves.

In Wyandotte, in Jackson County, we just did not have the staff resources to find those children. But they are definitely there.

The second comment I would have is that I am sorry the committee will not have the experience of talking with Dr. Chalender this morning. I had that pleasure. Dr. Chalender, I believe, is one of the men that is responsible for the drug education program in Shawnee Mission schools. His curriculum is one of the finest I have seen in the parts of the country the committee has been to. I believe he is one of the experts in this country in this field, and I would ask you, Dr. Ball, if you would ask Dr. Chalender—I understand he is out of the city today——

Dr. BALL. That is correct.

Mr. BLOMMER (continuing). If he could submit his comments to this committee. I am sure the chairman would like to incorporate those comments into our record.

Dr. BALL. He would be happy to.

Mr. BLOMMER. Thank you.

I have no questions.

Chairman PEPPER. Without objection, the material we receive from Dr. Chalender will be incorporated in the record.

Dr. BALL. Thank you.

(See p. 1823.)

Chairman PEPPER. Dr. Ball, how many dropouts did you have in Johnson County last year?

Dr. BALL. Less than 1 percent of our senior high population.

Chairman PEPPER. What is the total student enrollment then?

Dr. Ball. I guess it would be over 1 percent; about 390.

Chairman Pepper. About 390 dropouts?

Dr. Ball. Out of 25,000.

Chairman Pepper. Out of a school population of 25,000?

Dr. Ball. In secondary schools, 25,000.

Chairman Pepper. We had testimony in Chicago week before last that in their system of 55,000 or 60,000 high school students they had 12,000 dropouts last year. The dropout situation in various parts of the country, of course, is very tragic, and, perhaps, very significant, too, as having a relationship of the attitude of students toward the schools and perhaps the adequacy of the curriculum to meet the problems of those students and to arouse their interest.

I was very much interested in your use of the word "motivation": your concern about curriculums, which do stimulate the motivation or try to develop motivation on the part of the students. Undoubtedly, I think that has a large relationship to the problem we have today in the schools in respect to drug abuses and other abuses that exist in the schools.

Now, let me go back.

What is your financial situation here in your schools?

What are your financial problems?

Are you one of the few schools that have plenty of money?

Dr. Ball. Unfortunately, no. We spent this year approximately $800 per student out of the general operating budget, which is below national and State average. However, we do have a very efficient unit, rather compact unit, and we think we are able to do quite a bit with the dollar.

When I was referring to the archaic finance system, we are not given adequate funds to expand, to really expand career education; we are not given any funds outside of 180 days of school which must be staffed within the regular schoolday, the regular 6-hour day.

So, anything we do in the summer or anything we do after the 6-hour day must be financed totally out of local funds.

So, in reality, we are turning 45,000 students loose in the summer, and unless we use ingenuity we have no way to provide education for them.

Chairman Pepper. You referred moments ago, as I recall, to your receiving very little Federal aid in the operation of your school system.

Would you tell us about that?

Dr. Ball. Well, we do not qualify for very many funds, because our district is middle class to upper middle class, economically.

Chairman Pepper. These funds are under what we call categorical grants?

Dr. Ball. Correct.

Chairman Pepper. Where you have low-income people in the area?

Dr. Ball. That is right.

Chairman Pepper. Would you find it better if these funds were not so limited, with the Federal funds being given to the school authorities to be used in the best way that they think they could be used in the operation of the school system?

Dr. Ball. Yes. However, I understand the political aspects of that. I suppose it should be funneled through the State department.

Chairman PEPPER. Well, there is a difference of opinion about that, too. As far as I am concerned, I would not run all of these programs through the States; I would run them directly to the places where the problems are. I think, frankly, in the long run, we would get better results.

But we had a comment by some of the able school officials in San Francisco last week, and they complained about the difficulty of getting Federal funds. Due to the fact they were limited in their application, it made it difficult sometimes for them to get the best results from them. They seemed to indicate that lessening of restriction in the use of those funds would be helpful to the school system.

Do you agree?

Dr. BALL. I agree.

Mr. HIERSTEINER. Mr. Chairman, I wanted to add just this reaction from the standpoint of the board.

I think everyone on our board and those who are experienced in the area as lay personnel would agree that however we might get the funds, it would be most important exactly where they might come from is not so important as, for example, if we had more money for remedial reading. We know very well we would be getting at one of the cores of the problem of motivation, and we know that motivation has an awful lot to do with the whole subject we are discussing today.

So, just in that one area, we would be much better off if we had additional funds.

Chairman PEPPER. Mr. Hiersteiner, last week in San Francisco I had dinner with my nephew who is taking his Ph. D. out there at Stanford, and his wife who is a teacher in one of the school systems out there in the San Francisco area. My niece told me that one of the areas in the school in which she taught that there were three classes in the eighth grade of 16 each whose reading level was zero to 2.6 percent. In other words, from the kindergarten to the third grade was the reading level of three groups of 16 students each in the eighth grade.

Now, imagine a student trying to keep up in eighth grade who can't read; his reading level being between the kindergarten and the third grade.

Then, she told of four classes of 25 each in the seventh and eighth grades whose reading level was from the third to the fifth grade.

How are those students going to be able to get a job and play a useful part in our society with a reading capacity like that?

So what you emphasize about the reading problem is very significant.

I saw on TV one night in San Francisco, a student who was being asked whether there was a drug problem in his school, and the answer of this student on TV was: "No, our problem in our school is reading and pregnancy."

You can see we have some real problems in the schools of this country; don't we?

As I was saying to the chairman of the Education and Labor Committee on the floor of the House last week, after what we had learned from our hearings in various parts of the country, I think we have a real crisis in education in America that is going to be a national crisis very soon, when these people begin to be burdens upon our society, commit crimes, go into our penal institutions, become recipients of welfare, and the like.

Do you agree?

Dr. **Ball.** I agree.

Mr. **Hiersteiner.** I agree.

Dr. **Ball.** I think the answer is not just a college prep or general education program, which we have done too much of in the past.

Chairman **Pepper.** You are exactly right. I grew up believing everybody should to be a doctor or lawyer or teacher. That just happened to be my intellectual predilection. I have come to appreciate just what you say. We do not want everybody to be in the professional class. We could not run our society if we did. And I was very much interested in what you said about your work-study program.

Do you have vocational education in the lower grades?

When does vocational education become possible in your system?

Dr. **Ball.** In most cases not until the 10th grade.

Chairman **Pepper.** That is our problem in Florida.

Don't you think that is far too late?

Dr. **Ball.** It definitely is.

Chairman **Pepper.** Most of the dropouts have already dropped out by that time.

Dr. **Ball.** Career education should begin in the elementary schools.

Chairman **Pepper.** I thoroughly agree, the vocational alternative works. A lot of these students have a lot of ability, just not academic ability, and they are not necessarily bad. It would be difficult for me to build a crude box but maybe I could do some other things very well.

On the other hand, some students are geniuses in the use of their hands, they are just mechanically disposed. There is a useful place for them in society. Those abilities should be recognized and opportunity to develop those abilities should be afforded, and they should be given the feeling they are not failures because their aptitude does not happen to be, by nature, the same aptitude of some of their fellow students.

Yet, in Chicago, Dr. Abrams, who was head of the medical system for the Chicago schools, said a large number of the dropouts were due to a sense of failure on the part of those students. They could not keep up academically; they were looked upon despairingly by their associates, maybe by their teachers; and, finally, there was not any place for them and they dropped out with all of the problems a dropout would encounter in later years.

So, I wish we could, somehow or another, arouse our school system to reexamine a lot of these problems and come up with proposals. I believe that you would find the Federal education authorities, at least in the Congress, are attentive to some of these problems you have, but only if we hear from you.

For example, we have not had any demand for Federal aid to meet the drug problem.

I think my colleague will agree. This committee has more or less initiated this study on our own initiative; yet, we feel that the school authorities who are working with these problems should be clamoring at the door of Congress. You should have been after Mr. Winn, and my people should have been after me: "What are you all going to do about helping us with this drug problem here?"

So, I hope that maybe we can have a little influence in stimulating the public awareness of this problem and asking the Parents-Teachers Association and the school authority to say, "Listen, we need help, legislature and Congress; we need help in meeting these problems, more help than we are getting."

One other thing. I was interested in your use of the special school. We heard only one principal, out of our hearings in New York, Miami, Chicago, and San Francisco before we came here—there was one principal in Chicago who said that they were using some of their facilities for night classes just as you said you are doing here.

Are you finding that program fruitful?

Mr. SMITH. It is very helpful.

Dr. BALL. We make all of our school facilities available for educational and recreational purposes after school hours until 10 p.m. It is financed—after school—primarily by the Johnson County Park and Recreation Board, and, then, through other organizations, such as the YMCA.

Chairman PEPPER. I believe you said that money did not come out of your own funds?

Dr. BALL. It does not come from State and Federal funds.

Chairman PEPPER. My last question is this: If you had adequate funds do you think you could initiate and inaugurate programs in your schools which would be helpful in preventing drug use by your students and in curbing drug use by those who have fallen into that tragic experience?

Dr. BALL. I would answer that "Yes." In fact, this is the direction I would prefer to go, because I believe students that are doing constructive things that are involved, that are motivated, to use the expression, I think they would be turned on in acceptable ways.

Could I say one thing?

I am afraid the committee has been left with the impression that students can come and go at Shawnee Mission. This is not the case as a group. They are scheduled in blocks, and I think Mr. Winn may have heard of the exceptions, but we intend for them to come to school, take their work and then leave.

Now, they can leave at different times because they come at different times. But they come, in most cases, take four or five courses and then leave.

Mr. WINN. I am talking about the activities in the parking lots during school hours, how it develops I do not know; but it is always there. Believe me, it is. I can always go into the parking lots of any of our schools at almost any hour of the schoolday and find 10 or 15 kids in groups of two or three standing around the cars.

Dr. BALL. Well, I could give some explanations. But the fact that they come and go at different times could create some of that.

Mr. WINN. Yes. Right. But they are out there. They are talking to each other. And my point is: If they wanted to make a sale of drugs, they could at that time.

Dr. BALL. Right.

Mr. WINN. That is all I am talking about.

Chairman Pepper. Dr. Ball, what you just said may suggest one of the things we should also look into with particular emphasis on the use of the time of young people today who are in school. When I was growing up as a boy in east Alabama, no matter how much I wanted to stay in school and play ball, I had to get home in time to do some chores around the house. I had to bring in coal; I had to do a good many other things.

Now, then, generally speaking, students do not have anything to do at home. The parents live in apartments, or live in air-conditioned or automatically heated homes. There aren't any chores to do. They may have difficulty to get the student to cut the grass on Saturday or some other time if they happen to have a home. So, we have got that day of the student, and a lot of them would like to get jobs in the afternoon, after they are off from school, but there are not jobs available for most of them, and a lot of them would like to do useful things, and there is not supervised play available for them, no equipment.

Dr. Ball. Could I give you one example?

We started intermurals 3 years ago in our 50 elementary schools, and by the murals the students had a chance to engage in a variety of sports before and after the regular schoolday. On an average, 90 percent of the elementary students in a given attendance area stayed for this activity or came early.

Chairman Pepper. That is very interesting. It shows these young people will respond if they are given an opportunity to engage in wholesome play and the like. This committee had a hearing 2 or 3 years ago in Philadelphia. They had a problem with gang warfare. The year prior to our being there, 31 boys, young boys of school age, were killed in gang warfares in that city.

We had among our witnesses a representative of the business community of Philadelphia telling us that the business community was very much concerned about this problem and they were trying to help. I said, "Well, how many playgrounds are there in the area where these boys live, these boys that are engaged in these gangs?" "One." "How many ballfields are there?" "Very few." "How much equipment is there?" "Very little." "How many people are there to supervise play, to organize games among them and instill the spirit of competitive play, and the like?" "Not one."

And yet that business community thought it was doing everything that could be done. If they had spent $50,000, they could have reduced the death rate and put some good people in charge of playgrounds and made it interesting for the youths that go there. They could have saved a lot of lives.

So, there are a lot of things to do, aren't there?

Dr. Ball. There are.

Mr. Winn. Mr. Chairman, I would just like to say that the Shawnee Mission District has been most cooperative in their intermural programs, and Dr. Ball touched on it lightly. There is a very strong program sponsored by the YMCA, not only for young people but for adults, where they use the school facilities for basketball, touch football, volleyball, and exercise courses.

Chairman Pepper. Isn't it a fact that one of the problems concerns those who go by bus? Don't the buses leave right after the school class is over?

Dr. BALL. We have been able so far to maintain neighborhood elementary schools, and they are in walking distance.

Chairman PEPPER. I hope that the transportation system can be accommodated to the students and not the students to the transportation system. Give them time to stay on the school grounds and play where they have supervision. When they get away from there, there will not be any place to play for most of them and no supervision.

Dr. BALL. I think it is safe to say that in Johnson County we do not neglect sports.

Chairman PEPPER. We are glad to hear that.

Mr. WINN. In fact, they are overemphasized sometimes.

Chairman PEPPER. Thank you very much, gentlemen, for your contribution to our hearing.

(Dr. Chalender's prepared statement, previously mentioned, follows:)

DRUG EDUCATION IN THE SHAWNEE MISSION PUBLIC SCHOOLS, SHAWNEE MISSION, KANS., SUBMITTED BY DR. RALPH E. CHALENDER, ASSISTANT SUPERINTENDENT FOR INSTRUCTION, SHAWNEE MISSION SCHOOL DISTRICT, JOHNSON COUNTY, KANS.

Early in 1969 a number of school administrators and board members became aware that Johnson County was involved with drug abuse among many of its younger citizens. After a thorough study to substantiate these observations, the school administration recommended to the Board of Education, June 9, 1969, that a citizens' committee be appointed to advise the Board regarding the development of a drug education program for the Shawnee Mission Schools. The Board unanimously adopted this recommendation and a committee of twenty-nine persons, composed of a cross-section of the population, was appointed by the president of the board of education. This committee did an in-depth study approaching the drug problem in a most realistic fashion. They recommended to the Board of Education that a drug education program be implemented in the schools, K–12, as soon as the program could be written. The Superintendent appointed Dr. Ralph E. Chalender, Assistant Superintendent for Instruction, to be responsible for this project. (See enclosed copy)

It was suggested that a student questionnaire be used to get some idea of how widespread the drug problem existed. Members of the South Advisory Board undertook this project. The questionnaire was given to senior high school students. Although the validity of the instrument could easily be questioned, the results indicated that the Shawnee Mission area, as many other areas across the United States, was faced with a drug problem. If the questionnaire served no other purpose, it certainly alerted an interested community to the awesome task that was before it.

The Board of Education instructed Dr. Chalender to develop a Drug Awareness Week. During this week all schools were to be alerted regarding the problem and each school, through its administration and parent groups, was to develop programs based on drug information to be made available to all students. The response to Drug Awareness Week was phenomenal. In evaluating the week the administration found that some mistakes and errors were made regarding the choice of speakers, large group meetings, and materials shown to the young people. Immediately committees were appointed to develop a speaker's bureau, to study and evaluate all audio-visual materials, and to assist with the implementation of drug education in the schools. This committee was composed of pupils, parents, teachers and administrators. It has continued to operate throughout the program. During the summer of 1970 a drug education curriculum was written, K–12, by students, parents, staff members and advisors from the various state colleges. There was close cooperation between all colleges in the immediate Kansas and Missouri areas. In writing the curriculum professional guidance was secured from the Deans from the Schools of Education, Medicine, Pharmacy, and Liberal Arts. The curriculum was completed and approved by the Board of Education during the summer of 1970. The curriculum (copy enclosed) has been revised four times since its first printing. It has been made available to all teachers. It has also been mailed to over 3,000 schools, civic groups and local law enforcing agencies. It has received national publicity in numerous magazines.

The next objective, and one which must continue to be open-ended, was that of in-service education. Every staff member must have in-service education in dealing with drug abuse. Meetings were immediately held which included all school administrators, counselors, nurses and resource people. This involved approximately 325 of the staff. In these meetings various speakers and films were used. The speakers included leading physicians, members from the Bureau of Narcotics and Dangerous Drugs, sociologists, and other knowledgeable people in the field of drug education. Each school selected a drug research person or persons to represent them at meetings which have been held continuously since the drug program was instituted. School counselors, of course, play an extremely important part in drug education and rehabilitation, working not only with the youth but with their parents as well. A three-day workshop was conducted for counselors, dealing with the topic of how to help the drug abuser and his family. Again, leading specialists in the area of drug abuse were used as staff members. As stated, building resource people were involved in workshops periodically. These usually consisted of at least three people from each school building. Working with the universities, college courses were developed for teachers. These courses were offered for either graduate or undergraduate credit. The district's department of in-service education has offered a course in drug education nearly every semester. These courses are open to approximately thirty people who receive district credit. They attend fifteen three-hour sessions and receive three hours of Professional Growth credit. The largest of these in-service programs was held during the past year, designed basically for elementary teachers. The enrollment in this course was 330, with about twenty-five people auditing the class. It, too, was a three-hour, fifteen-session course. In addition to this in-service education, selected teachers and administrators have been involved in workshops throughout the country. At least 800 members of the professional staff have been involved in some type of special training for drug education.

The school system has had representation at all four of the National District Attorney's Association meetings which are held yearly. Two of our staff members attended the National Training Institute on Drug Education at the University of Wisconsin, Madison, Wisconsin, sponsored by the federal government. In addition to this, five staff members have been actively involved on the Governor's Drug Abuse Education Committee. Members of this group, as well as others of our educators, have traveled extensively throughout our state in helping others develop drug abuse curricula. Mr. Charles R. Smith, Director of Pupil Services, and Dr. Chalender have worked with and spoken at several national meetings and have worked with schools across the nation in the development of programs for drug education.

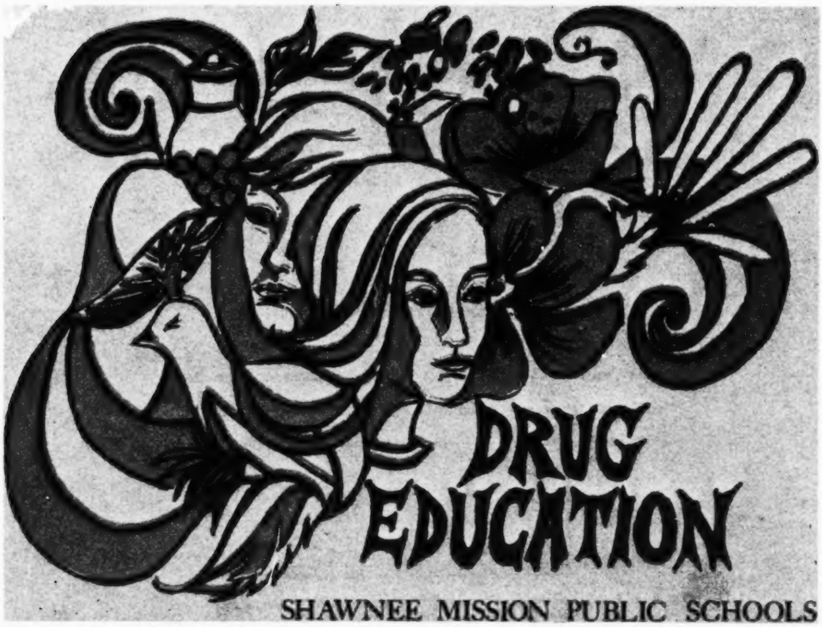
As stated in the Shawnee Mission Drug Education Resource Book, the community must be involved if drug education is to be successful. The school district is most fortunate to have had the involvement of nearly every civic organization in existence. The PTA Area Council sponsored a full day workshop and has continued to make drug education one of its major goals. Not only have the various organizations given sponsorship to the drug curricula, they have helped in many other ways with their professional consultations and with financial contributions which has made the program practically self-supporting. The district, in turn, has made all its resources available to these interested people. A recent week in 1972 is an example of the cooperation and interest the community has in the program. Two outstanding gifts were received—one of materials valued at over $3,000.00 given anonymously through the Midwest Research Institute, the other given by a local shopping center in the amount of $200.00 to be used for a much needed film. The district makes available to interested citizens in the community all materials that have been developed by the schools. A mini-packet of some of the better printed materials published by the U.S. Office of Education and other similar organizations has been designed and is available in every school library. These kits can be checked out by patrons at any time. If a person wishes to purchase the kit, this can also be done at a very nominal cost. (A kit of these materials is being sent to you by separate mail.)

If drug education is to meet with any success, there must be close cooperation with all community agencies. For that reason the Director of Pupil Services works as a liaison person with the police in our various communities. This group meets monthly unless there is an urgency for additional meetings. There is close cooperation between the school system and this group. In addition to this, the school system has the volunteer services of physicians from a local hospital who are available at all times to analyze suspected drug substances found at the various schools. There is a close working relationship with the Ministerial Alliance, the Johnson County Mental Health, the Bureau of Narcotics and Dangerous Drugs, the Johnson County Medical Society, the County Attorney, and all local city governments. School board members have been effective and supportive of the drug program. They have served on various state and local committees and have participated in numerous conferences.

The school district is grateful for the excellent newspaper, radio and television coverage of the drug education program. Newspapers have run special editions, have been very honest in their reporting the drug problem, and editorials have been very complimentary and very helpful. Likewise, the radio and television stations have all spotlighted the drug education program at various times. They have offered their services free to our district and are to be complimented for their dedicated interest and help.

Working with the drug curriculum for the Shawnee Mission schools is indeed a challenge, but a very worthwhile experience. We realize fully that we must keep pace with our problems daily. Never must we find ourselves riding the cloud of complacency believing that the problem will go away simple because we have a good drug curriculum and an interested community. Our goal must always be to improve upon what we have. As long as one child is involved in the drug scene, we do indeed have a drug problem. We are confident that we are taking the right approach in facing a most critical problem.

Enclosure:


DRUG
EDUCATION
SHAWNEE MISSION PUBLIC SCHOOLS

DRUG EDUCATION

A SOURCE BOOK AND GUIDE FOR EDUCATORS

Prepared by

Members of the 1970 Summer Workshop on Drug Education

and

Shawnee Mission Drug Abuse Curriculum Sub-Committee

3rd Edition
1971-72

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PHILOSOPHY OF DRUG EDUCATION

We are a drug-oriented society. Many people look to drugs as an instant alleviation of physiological and social ills. We find in our community a rising rate of drug use and corresponding drug abuse. We see this drug abuse as a symptom of a complex problem, not as the problem itself. It is a commentary on our entire society. Any attempt to solve this problem must be a total involvement, demanding parent-school-community participation.

We believe a drug education program should be logically integrated into the existing curriculum and should not be singled out as a sensational presentation provoking exaggerated emotional responses on the part of the faculty, students and community. In order to educate our students, we must view the question not just in its pharmacological and legal aspects, but in its psycho-social ramifications as well. An understanding of drug use or abuse demands a presentation of factual information and a search for meaningful alternatives to the misuse of drugs. Ultimately, we must provide the student an opportunity for informed, responsible decision-making.

GENERAL RECOMMENDATIONS

The Drug Education Curriculum Committee recommends that, to implement the suggested program, the Board of Education authorize the following:

I. Provide funds for the purchase of the following aids:
   A. Materials for the drug education basic reference collection;
   B. Books on the proper grade levels; library reference materials for students and teachers;
   C. Audio-visual aids and video tapes.

II. Formulate a team of district personnel to assist the district drug education coordinator to:
   A. Coordinate the drug education program in the schools;
   B. Coordinate the adult education program with community agencies;
   C. Establish a resource center where materials will be made available for individual parents and community organizations.

III. Provide released time or monetary compensation for coordinating educators.

IV. Make workshops, seminars and classes available for college and board credit.

V. Provide for representatives to attend national, state and other professional meetings concerning drug education.

VI. Secure nationally recognized authorities to bring information for those involved in the drug education program.

VII. Study and re-evaluate annually the district-wide drug education curriculum and its outcome.

VIII. Explore possible means and select best alternatives for providing commercial television and radio time.

IX. Continue the drug curriculum committee throughout the school year to act as an agent for providing additional curriculum needs such as recommendations for previewing, purchasing; and providing information about films, filmstrips, pamphlets, etc.

X. Distribute the curriculum guide in the following manner:
   A. Elementary - one (1) copy to each certificated staff member;
   B. Junior High School - twenty-five (25) copies per building;
   C. Senior High School - fifty (50) copies per building.

Recommendations for In-Service Training in Drug Education

The element of importance in our drug education program is the teacher. Our program can only be effective when incorporated into the existing curriculum by teachers with clear, fact-based attitudes. The teacher must present the facts with honesty and integrity that gains student respect, and possess the ability to recognize and respond to the student problems with genuine concern for young people. We suggest the following recommendations for in-service training:

I. A solid foundation in the place and use of drugs in contemporary society and the potential abuse of these drugs is necessary for every staff member. The school district should be responsible for:

   A. Training sessions for building coordinators prior to in-service programs for all staff members. These sessions should include:
      1. General factual knowledge of drugs.
      2. Acquaintance with drug curriculum.
      3. Reference to available materials such as films, books and speakers.

   B. Initial in-service training in drug education for all staff members early in the academic year. We suggest an afternoon period of released time presented at the five area levels and including:
      1. Audio-visual program such as the "Distant Drummer".
      2. Professional presentation by a team composed of a pharmacist, psychologist and a law enforcement officer.

   C. Drug workshops which utilize various experts in the area of drugs.
      1. We strongly recommend that these workshops be offered for graduate college credit.
      2. If possible, the board should underwrite total or partial cost to make it more economical for teachers to participate.
      3. Provision should be made for large numbers of teachers who may want to enroll in the workshop.

II. A continuous drug education program will be the responsibility of each building principal. He should:

   A. Choose a staff member to serve as building coordinator. We recommend that consideration be given for time allowance and/or monetary compensation for this coordinator. Responsibilities

of the coordinator are to:
1. Provide current information to all staff members regarding drugs and drug abuse.
2. Work closely with classroom teachers responsible for the drug curriculum.

B. Organize departmental or small-group meetings to accomplish further in-service training with the assistance of the coordinator.

C. Periodically evaluate the effectiveness of the drug education program in the school with the assistance of the coordinator.

D. Provide for the purchase of materials to implement the drug education program.

Adult Education on Drugs

The principle objectives of this program are:

I. Educating parents and concerned citizens as to the seriousness of the drug abuse problem in our community and the need for their active participation in its solution.

II. Examining reasons for drug abuse in our society.

III. Presenting parents with information regarding different types of drugs, their symptoms and effects.

IV. Advising parents of present state and federal laws concerning drugs.

V. Acquainting parents with slang terminology, popular music and evaluating communication skills (emphasize).

VI. Educating parents regarding drug problems which can occur in their own homes and recommending sources for referral.

Proposal:

That adult education concerning the drug problem be scheduled for three separate evening presentations, possibly over a three-week period. These meetings should be held twice yearly (fall and spring) at the five area high schools (not to be held concurrently) and would be open to all patrons of the community. Each meeting should be approximately two hours in length. This program should be initiated and directed by the P.T.A. councils and community agencies.

I. The first meeting would be an introduction to the problem of drugs in general and the problem of drugs in Johnson County and the surrounding community in specific. Method of presentation:

   A. Film "The Distant Drummer" -- 45 minutes -- overview of the drug problem, world-wide, including historical, economical, social and moral perspectives.

   B. Possible presentation by a member of the administrative staff of the Shawnee Mission Schools regarding the drug problem in these schools. This would be an attempt to relate to parents and adults in the community that there is a drug abuse problem. This should be a statistical presentation with little or no pharmacological data.

C. Handout information regarding drugs could be given to parents at this meeting. Inexpensive literature on drugs should be available for purchase. Many materials can be made available from community agencies at no cost to patrons or the school district.

II. The second meeting would be a presentation of the pharmacological data on drugs. This would include types of drugs, legal and illegal uses, dosages, results, symptoms, and possible harmful effects -- both short-range and long-range. This presentation would be specifically for the drugs of abuse that appear most frequently in our community such as marijuana, hallucinogens, amphetamines, barbiturates, solvents, alcohol and tobacco. The possibility of the future use of hard narcotics by students would also be included.

III. The third meeting would be an attempt at solutions to the drug abuse problem. This would include: (1) Why does a student take drugs?, (2) Adult reaction to drug abuse, (3) Sources for referral in the local community, and (4) Alternatives to drugs.

Suggestions for Community Involvement

Community involvement denotes the voluntary participation of all segments, both group and individual, of a given society. This involvement may originate spontaneously or may be elicited by an exterior suggestion. The following categories represent ideas of involvement that have proven effective in communities similar to Shawnee Mission, and will, hopefully, prove successful in stimulating constructive thought and action.

I. Communication Media:

A. Television and radio spots, available from the National Institute of Mental Health in 30/60 second clips.

B. Posters:

1. To advertise referral services;
2. For student school distribution (such as American Cancer Society posters).

C. Billboards, student designed and paid for by community resources.

D. Newspapers - Question and Answer column.

E. Movie Theaters - for promotion of drug education.

II. Referral Services:

A. Twenty-four hour telephone "Hot Line" service.

B. Help center staffed by professional people (with minimum of red tape).

III. Adult Education:

A. Cooperation of community agencies to fund and publicize adult education as suggested by the 1970 Drug Education Workshop.

IV. Rehabilitation:

A. Investigate and evaluate existing programs.

B. Augment established programs or initiate new programs deemed necessary.

V. Legislation:

A. We suggest a careful examination of current federal and state laws concerning drugs of abuse.

Basic Concepts in Drug Education K-6

Concepts to be taught at each grade level:

Kindergarten.......1, 3, 4, 6
First.............2, 3
Second...........1, 2, 5
Third.............7, 8, 9, 10
Fourth............7, 9, 10
Fifth.............11, 12, 16, 17, 19
Sixth.............12, 13, 14, 15, 18, 19

Key Concept: CERTAIN SUBSTANCES, WHEN TAKEN INTO THE HUMAN BODY, MAY BE HARMFUL OR HELPFUL.

Kindergarten through Second:

1. Certain household medicines and drugs contribute to health and comfort when used as directed or prescribed.
2. Improper use of medicines and drugs is a dangerous practice.
3. Many household chemicals and materials, such as aerosol sprays, may be harmful if misused.
4. Foreign materials should be kept out of the mouth.
5. Cigarette smoking is harmful to human health.
6. Accepting gifts from strangers may be unsafe.

Third through Fourth:

7. There are many different substances which, when taken into the human body, can affect how a person feels and acts.
8. Whenever substances which affect how one feels and acts are taken into the body, the person may not be able to control his body.
9. Alcoholic beverages affect how one feels and acts.
10. Cigarette smoking is harmful to human health.

Key Concept: THERE ARE FACTORS WHICH SHOULD INFLUENCE DECISION-MAKING AS TO THE USE AND ABUSE OF DRUGS, ALCOHOL AND TOBACCO.

Fifth through Sixth:

11. Chemical components of drugs, alcohol and tobacco are distributed throughout the body and may affect various parts of the body.
12. Almost everyone uses some kind of drugs, yet all drugs have abuse potential. (What is drug abuse?)
13. There are factors that influence a person to become an abuser of drugs.
14. Certain substances affect mood and behavior so that a person may be unable to recall past experiences after taking them.
15. Certain substances, when taken into the body, violently affect how one feels and how one acts.
16. Some common household substances contain volatile chemicals which may be harmful if misused.
17. Much commercial advertisement of drug, alcoholic and tobacco products is biased and may be misleading.
18. There are laws which penalize a person for purchase, possession or use of certain drugs.
19. Your future can be significantly affected by some of the decisions that you make now.

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THE CHILD SHOULD:

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18A) Describe circumstances when a person may be legally penalized for purchase, possession or use of certain drugs 20
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Kindergarten

CONCEPT 1: CERTAIN HOUSEHOLD MEDICINES AND DRUGS CONTRIBUTE TO HEALTH AND COMFORT WHEN USED AS DIRECTED.

Suggested integration into the curriculum:
Relate to health education: Parents try to keep their family well.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Recognize the fact that medicines are given to make you well.	1A) Encourage the children to cite examples of why they were given medicines by their parents.
1B) Understand that medicine should never be taken without parent supervision.	1B) Impress children with the fact that only adults should administer medicine.

CONCEPT 3: MANY HOUSEHOLD CHEMICALS AND MATERIALS, SUCH AS AEROSOL SPRAYS, MAY BE HARMFUL IF MISUSED.

Suggested integration into the curriculum:
Relate to health education: Poisons.
Relate to health and safety: Poison labels, unlabeled cans and bottles, household products.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
3A) Identify some materials which would make a person ill if they are eaten.	3A) The teacher should direct the class discussion so that the children will identify and name these materials.
3B) State the definition of "poison".	3B) Define and cite examples of "poison".
3C) Identify poison labels of various containers.	3C) Illustrate the symbol for "poison".
3D) Identify unlabeled materials and some household products as to their potential danger.	3D) Explain how unlabeled materials could prove to be dangerous. Discuss the potential danger of improper use of household products. Have the children bring illustrations from magazines of household products and tell how the product should be used and why they should not use it without supervision.

CONCEPT 4: FOREIGN MATERIALS SHOULD BE KEPT OUT OF THE MOUTH.

Suggested integration into the curriculum:
Relate to health education: Personal cleanliness.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
4A) State reasons why some children eat paste and crayons, chew pencils, and why they should not do this.	4A) Point out to the children that some are putting foreign objects into their mouth. Ask for reasons why they should not do this.
4B) Make a decision and demonstrate by his behavior that he has reduced the incidence of putting foreign objects into his mouth.	4B) Force the decision-making process on the child and influence anyone making the wrong decision to change.

CONCEPT 6: ACCEPTING GIFTS FROM STRANGERS MAY BE UNSAFE.

Suggested integration into the curriculum:
Relate to family and community life: Accepting gifts from strangers.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
6A) State that it is unsafe to accept food, gifts, money, pills or rides from strangers.	6A) Discuss with the children: 1) Ways they might respond to friendly strangers; 2) What to do if a stranger offers a ride, candy or money; 3) Rules for conduct when walking to and from school; 4) That parents, teachers, policemen, firemen, older brothers and sisters are safety helpers.

First Grade

Review concepts previously taught. If, when questioned, the class is unable to demonstrate acceptable behavior for the stated objectives, the teacher should repeat the appropriate portions of concepts 1, 4 and 6.

CONCEPT 2: IMPROPER USE OF MEDICINES AND DRUGS IS A DANGEROUS PRACTICE.

Suggested integration into the curriculum:
Relate to health education and safety.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
2A) Distinguish proper use of medicines and drugs from improper use.	2A) Encourage the child to identify and state examples of proper and improper use of medicines and drugs. Question the class: "Is this a proper or improper use of medicines and drugs?"
2B) Describe potential dangers of the improper use of medicines and drugs.	2B) Make a list of how a child might become ill, accidentally, by misusing medicines. Some are: 1) Using another person's medicine; 2) Taking more than needed or directed. Discuss that medicine is not a regular food or drink and that pills are not candy.

CONCEPT 3: MANY HOUSEHOLD CHEMICALS AND MATERIALS, SUCH AS AEROSOL SPRAYS, MAY BE HARMFUL IF MISUSED.

Suggested integration into the curriculum:
Relate to health education and safety: Carbon monoxide fumes.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
3A) Observe (by the sense of smell) that some vapors cause unpleasant sensations in the nose.	3A) Secure smelling salts or a household wax containing ammonia. Using CAUTION, to avoid the possibility of a child taking a deep breath, allow each child to sniff the vapor. The objective is to sniff just enough that the child may experience unpleasant sensations in the nasal passageway.
3B) Infer that some vapors can harm the body.	3B) Explain that the nose may warn us against smelling certain vapors. Smelling certain vapors may be unpleasant or even hurt the nose.
3C) State that it is unhealthy to breathe many strong vapors.	3C) State that a person may become ill if he breathes strong vapors (e.g., fresh oil-base paint) for a long time.
3D) State that some vapors are used to contribute to health and comfort.	3D) Describe the beneficial use of oxygen, vaporizers, etc.

Second Grade

CONCEPT 1: CERTAIN HOUSEHOLD MEDICINES AND DRUGS CONTRIBUTE TO HEALTH AND COMFORT WHEN USED AS DIRECTED.

Suggested integration into the curriculum:
Relate to health education: When you are ill.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Identify and name common medicines kept in the medicine chest.	1A) Encourage the child to identify and name the medicines.
1B) Describe the uses of such common medicines.	1B) Encourage the child to match the medicine with a particular illness; e.g., a headache.
1C) Describe the effect of medicines on a person.	1C) Lead the child to an understanding that medicines relieve or eliminate symptoms or the causes of illness.
1D) Identify medicines and "pills" as drugs.	1D) Help the child develop a simple operational definition for "drug". For example: Drugs are materials which, when taken into the body, may change how one feels or acts.
1E) State that all "pills" are not medicines.	1E) Lead the child to an understanding that some "pills" may look like medicine but really are not medicine. For example: Poisonous pellets placed in underground tunnels to kill moles.

CONCEPT 2: IMPROPER USE OF MEDICINES AND DRUGS IS A DANGEROUS PRACTICE.

Suggested integration into the curriculum:
Relate to health education and safety.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
2A) Understand that some health professionals are allowed to prescribe drugs while others are not.	2A) Invite health professionals to talk to the class about the work and training of these people.
2B) Understand that labels attached to all medicines tell how they should be used.	2B) It may be unwise to ask young children to bring old medicine bottles from their homes because they may bring unwashed or partially filled containers. Therefore, the teacher should provide and explain an example of: 1) A poison label; 2) A prescription label; 3) A non-prescription label.
2C) Understand that all medicines are dangerous if used incorrectly.	2C) Reinforce by discussing the consequences of improper use of drugs.
2D) Recognize that children should never self-administer medicine, nor give any to other children.	2D) Have pupils suggest ways to help protect themselves and younger family members from the accidental misuse of medicines.

CONCEPT 5: CIGARETTE SMOKING IS HARMFUL TO HUMAN HEALTH

Suggested integration into the curriculum:
Relate to health education: Senses.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
5A) State that smoking cigarettes is harmful.	5A) Lead a discussion of the effects of cigarette smoking on the body: 1) Shortness of breath; 2) Appetite.

Third Grade

- Review concepts previously taught in second grade. If, when questioned, the class is unable to demonstrate acceptable behavior for the stated objectives, the teacher should repeat the appropriate portions of concepts 1, 2 and 3.

CONCEPT 7: THERE ARE MANY DIFFERENT SUBSTANCES WHICH, WHEN TAKEN INTO THE HUMAN BODY, CAN AFFECT HOW ONE FEELS AND HOW ONE ACTS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
7A) Identify and name some edible substances which can affect how one feels or acts.	7A) Encourage the children to think of substances which, when taken into the human body, can affect how one feels and acts: Effect of water on a thirsty man; effect of eating very salty foods; effect of eating too much or too quickly; effect of eating food containing germs; effect of eating poisonous plants such as berries and toadstools.
7B) Describe the effects some edible substances have on the body.	7B) Encourage the children to describe effects of the specific substances identified on the body: May make a person "feel better," feel "full," feel "too full" or "uncomfortable;" feel "thirsty," feel "ill," or cry (onions).

CONCEPT 8: WHENEVER SUBSTANCES WHICH AFFECT HOW ONE FEELS AND ACTS ARE TAKEN INTO THE BODY THE PERSON MAY NOT BE ABLE TO CONTROL HIS BODY.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
8A) State that some substances can make a person ill if eaten in excess.	8A) Direct the children's discussion to the effect of eating or drinking (non-alcoholic) to excess.
8B) Describe an ill person as one who is unable to control unpleasant feelings or actions.	8B) Help the children develop a simple operational definition for "ill." For example: When a person is ill, he is unable to stop unpleasant feelings or actions.
9A) Understand that alcoholic beverages may cause a person to be unable to control his feelings or actions.	9A) State that beverages may be classified as alcoholic and non-alcoholic. Alcoholic beverages (liquors) contain chemicals which may result in illness (defined as inability to control feelings or actions).
9B) Identify and name types of beverages that are alcoholic.	9B) Identify beer, wines and whiskey as alcoholic beverages.

CONCEPT 10: CIGARETTE SMOKING IS HARMFUL TO HUMAN HEALTH.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
10A) Be aware of the effects of smoking on the body.	10A) Lead a discussion of the reality that smoking may cause lung cancer, irritation of the nose and throat, and a shorter life span. Briefly, explain that science now has evidence that cigarette smoking is a serious health hazard. This was not known when today's adults were children.

Fourth Grade

CONCEPT 7: THERE ARE MANY DIFFERENT SUBSTANCES WHICH, WHEN TAKEN INTO THE HUMAN BODY, CAN AFFECT HOW ONE FEELS AND HOW ONE ACTS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
7A) Identify and name some substances which, when taken into the human body, can affect how one feels and acts.	7A) Encourage the children to think of substances which, when taken into the human body, can affect how one feels and acts. Group substances into categories of foods, alcohol and drugs.
7B) Describe the effects such substances may have on the body.	7B) Encourage the children to describe the effects of the substances on the human body: Effects of common foods in excessive quantities; effects of alcohol and effects of drugs. (An excellent time to introduce the general classifications of depressants and stimulants. There are desireable and legitimate uses for stimulants and depressants when prescribed by a proper authority, but, if abused, may be dangerous to health and society.)

CONCEPT 9: ALCOHOLIC BEVERAGES AFFECT HOW ONE FEELS AND ACTS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
9A) Describe how alcohol affects how one feels and acts.	9A) Instruct the children concerning the effects on the body: 1) The more one consumes, the less he is able to control his feelings and actions. 2) The person loses his ability to keep his balance and to walk steadily. 3) Have a committee look up the food and caloric value of alcohol as compared to other foods. Discuss why there is no nutritional value in alcohol. 4) Explain why alcohol is a depressant drug. Simply state that in some people depressant drugs may act as a stimulant.

CONCEPT 10: CIGARETTE SMOKING IS HARMFUL TO HUMAN HEALTH.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
10A) Describe how tobacco affects health.	10A) Instruct the children concerning the effects of tobacco on the body. 1) The habit of smoking is harmful. Elements of the smoke, such as nicotine and tars, cause a variety of responses in the body ranging from frequent seizures of coughing to lung and heart disease, depending on the frequency of smoking. 2) Examine the warning on cigarette packages and discuss it. 3) Discuss the way habits are formed and how they may be broken. 4) Make up a class list of health and safety rules with references to smoking. 5) Invite a senior high school athlete or coach to the classroom to stress the effects of smoking on the performance of athletes.

Fifth Grade

As an introduction to this unit, the teacher may wish to review the previously taught concepts:

1. Drugs may be very beneficial when prescribed by a physician to treat an illness or discomfort.
2. Drugs are chemicals distributed by the blood to cells of the body or to areas of infection in the body.
3. Once in the blood stream, drugs may kill germs or affect the body in different ways.
4. One should never take drugs unless prescribed by a physician.

CONCEPT 11: CHEMICAL COMPONENTS OF DRUGS, ALCOHOL AND TOBACCO ARE DISTRIBUTED THROUGHOUT THE BODY.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
11A) State that most substances, when taken into the human body, are reduced to simple chemical compounds.	11A) Direct the children's study of the general structure and function of the digestive system. 1) Structure: Mouth, esophagus, stomach, liver, small intestine and large intestine. 2) Function: Digestion, generally speaking, is a process of breaking down large complex chemical compounds into smaller and simpler ones. When digestion has produced chemical compounds small enough, they are absorbed into the blood stream.
11B) State that simple chemical compounds may be distributed throughout the body by the circulatory system.	11B) Direct the children's study of the general structure and function of the circulatory system and the respiratory system. 1) Structure: Heart, arteries, capillaries, veins and lungs. 2. Function: Generally speaking, these systems serve two purposes -- to supply oxygen and food in the form of simple chemicals to all cells of the body and to remove chemical waste products from all cells of the body.
11C) Understand the general function of the central nervous system.	11C) Direct the children's study of the general structure and function of the central nervous system. 1) Structure: Brain, spinal cord and nerves. 2) Function: Transmit signals to and from the brain.

CONCEPT 12: ALMOST EVERYONE USES SOME KINDS OF DRUGS; YET ALL DRUGS HAVE ABUSE POTENTIAL. (WHAT IS DRUG ABUSE?)

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
12A) Differentiate between the wise use of drugs and drug abuse.	12A) Lead a discussion of the use of drugs. 1) Depressants: Slows down the action of the central nervous system. a) Barbiturates (downers) a-1) Sleeping pills 2) Stimulants: Speeds the action of the central nervous system. a) Amphetamines (ups, speed) a-1) Diet pills a-2) Pep pills 3) Hallucinogens: Cause changes in perception and consciousness. a) Marijuana (pot, grass) b) LSD (acid)
12B) Describe one wise use and one example of drug abuse for a specific drug.	12B) Lead a discussion of the wise use and drug abuse potential of each example. Use of all drugs should be prescribed by a physician. There are no accepted medical uses of marijuana and LSD known at this time.

CONCEPT 16: SOME COMMON HOUSEHOLD SUBSTANCES CONTAIN VOLATILE CHEMICALS WHICH MAY BE HARMFUL IF MISUSED.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
16A) Understand the dangers of inhaling the fumes of volatile chemicals.	16A) Review function of the respiratory system (11B) and discuss how the fumes enter the lungs and cut off the oxygen supply.
16B) Identify some of these chemicals.	16B) Encourage children to identify some volatile chemicals.

CONCEPT 17: MUCH COMMERCIAL ADVERTISEMENT OF DRUG, ALCOHOLIC AND TOBACCO PRODUCTS IS BIASED AND MAY BE MISLEADING.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
17A) Identify alcoholic, tobacco and drug advertisements which present misleading points of view.	17A) Promote "critical thinking" or "clear thinking" in the class: Does this cigarette advertisement imply that the all-American type person smokes this cigarette? Does this beer advertisement imply that you're not living a full life if you don't drink? Does this tranquilizer advertisement seem to imply that one can get a better job by being tranquilized? Encourage children to prepare individual or group critiques of pertinent commercials. Possible activities: 1) Evaluate the cigarette advertisements in the mass media for their scientific basis and emotional appeal. a) Study portions of television and radio cigarette commercials. When listened to without benefit of visual stimuli, their absurdity is quite apparent. b) Which magazines do not have cigarette advertisements? Possibly make a collection of advertisements from different media.

CONCEPT 19: YOUR FUTURE CAN BE SIGNIFICANTLY AFFECTED BY SOME OF THE DECISIONS THAT YOU MAKE NOW.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
19A) Realize how his life may be affected by his decisions about the use of tobacco, alcohol and drugs.	19A) Lead a discussion on peer pressure and the difficulties of doing what one believes is right. What are one's responsibilities for decision-making (such as drug experimentation)?

Sixth Grade

Review Concept 12 previously taught in the fifth grade. In addition, introduce the following classifications:

IV. Opiates: Depresses the central nervous system.
  A. Opium)
  B. Morphine) Hard stuff, Junk
  C. Heroin)

CONCEPT 13: THERE ARE FACTORS THAT INFLUENCE A PERSON TO BECOME AN ABUSER OF DRUGS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
13A) List factors which influence a person to become an abuser of drugs.	13A) Lead a discussion regarding some of the factors which might influence a person to become a drug abuser.

CONCEPT 14: CERTAIN SUBSTANCES AFFECT MOOD AND BEHAVIOR SUCH THAT A PERSON MAY BE UNABLE TO RECALL PAST EXPERIENCES AFTER TAKING THEM.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
14A) Realize that after taking some substances a person may be unable to recall past experiences. Identify such substances.	14A) Lead a discussion of the actions taken by people under the influence of drugs or large quantities of alcohol. The children should be led to understand that drugs and alcohol may not only alter normal behavior, but the victim may be unable to recall that altered behavior. Emphasis should be placed on the fact that this is total surrender of control of the body and mind; the mind cannot even recall the body's actions.

CONCEPT 15: CERTAIN SUBSTANCES, WHEN TAKEN INTO THE BODY, VIOLENTLY AFFECT HOW ONE FEELS AND HOW ONE ACTS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
15A) Identify substances which, when taken into the body, violently affect how one feels and acts.	15A) Lead the class in a discussion of the fact that alcohol and drugs may not only alter how one feels or acts, but may cause these feelings and

	actions to be violent. Violent actions may be directed toward self as well as other people or objects. Chemical effects on the brain may cause dangerous hallucinations. A person may jump from a third-story window thinking he is only five feet from the ground, or try to stop a moving car because he thinks he has superhuman strength.
15B) Describe possible violent reactions of the body to alcohol and drugs.	15B) Inform the children of possible violent physiological reactions of the body to alcohol and drugs: The brain may have violent hallucinations or unexplained cravings; the heart muscles may degenerate and the arteries harden.

CONCEPT 18: THERE ARE LAWS WHICH PENALIZE A PERSON FOR PURCHASE, POSSESSION OR USE OF CERTAIN DRUGS.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
18A) Describe circumstances where a person may be legally penalized for purchase, possession or use of certain drugs.	18A) Relate general information of the nature of state and federal laws regarding penalties for drug abuse: 1) State laws vary greatly. The Kansas law states: After July 1, 1970, the first possession of marijuana is classed as a misdemeanor and is punishable, upon conviction, by one year in the county jail and/or a fine not to exceed $1,000. Possession of restricted drugs (those requiring prescription) is classed as a misdemeanor and is punishable by the same. 2) Federal laws are very severe and specific. Illegal possession of restricted drugs calls for sentences of from two to ten years in a federal penitentiary for the first offense and five to twenty years for further offenses. This is a criminal offense which will follow a person through life.

CONCEPT 19: YOUR FUTURE CAN BE SIGNIFICANTLY AFFECTED BY SOME OF THE DECISIONS THAT YOU MAKE NOW.

OBJECTIVES: THE CHILD SHOULD:	STRATEGIES: THE TEACHER SHOULD:
19A) Describe how his life might be changed through drug abuse.	19A) Encourage the children to discuss all possible outcomes of drug abuse: Immediate reactions which some users praise as worth any danger; acquiring a habit that becomes an addiction; graduation from soft drugs to hard narcotics; causing irreversible chemical injury to body organs; causing brain damage or insanity; becoming injured, committing suicide or crimes while under the control of drugs; being sentenced to prison for violation of narcotic laws; suffering a recurrence of hallucinations weeks or months after the ingestion of LSD.

Note: This is a critically important facet of the drug education. The philosophy upon which this program was constructed demands a psychological treatment of the decision-making process. It is essential that the child conduct a self-inventory of all those factors which personally influence his decision concerning drug abuse. He must examine both sides of the coin in a personal way. He must be aware of factors which may influence a person to abuse drugs and identify those which tempt him personally. He must factually consider the penalties and dangers of drug abuse and how these apply to him personally. He must choose to retain control of his feelings and actions, or to surrender them to an unknown world. The question of drug use or drug abuse comes finally to a personal decision. This program attempts to mold that decision.

Basic Concepts in Drug Education 7-12

Grades 7,8,9

1. Various factors enter into the pharmacological aspect of drugs.
2. Physiological and psychological reactions to drugs vary in different individuals.
3. The determining factors in an individual's decision regarding the use of drugs are his value systems and his assessment of the consequences associated with drug involvement.
4. Decision-making ultimately rests on an individual's introspective evaluation of his personal worth and integrity.

Grades 10,11,12

1. Various physiological and psychological factors enter into the pharmacological action on commonly ingested chemicals.
2. The student's self-concept, his understanding of his goals and his values in the establishment of self-esteem will profoundly influence his attitude toward drugs.
3. A student may approach a self-concept by an analysis of our pluralistic society, and its influences on him in his relationships to adults and peers.
4. An awareness of the complex factors and process involved in problem-solving and decision-making is essential to his ultimate choice in regard to drug use and its alternatives.
5. One must understand the role of government in relation to mind-altering substances. The individual's knowledge of the legal responsibility should help him make personal decisions in regard to such substances.
6. One must understand the economic factor involved in mind-altering substances.
7. One must understand the psycho-social factor involved in mind-altering substances.

Drug Education
Seventh Grade Life Science Program

CONCEPT 1: VARIOUS FACTORS ENTER INTO THE PHARMACOLOGICAL ASPECTS OF DRUGS.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) State that a drug is any substance which, by its chemical nature, alters the structure or function of a living organism.	1A) Present the pharmacology of the drugs most often abused in a factual, non-moralizing, non-dogmatic manner. They can be presented in five distinct classifications: 1) Stimulants (amphetamines); 2) Depressants (barbituates, alcohol); 3) Hallucinogens (LSD, mescaline, etc.); 4) Hard narcotics (heroin); 5) Marijuana.
1B) Understand that the medicinal use of drugs is beneficial and indispensable.	1B) Discuss our way of living today with and without prescribed drugs.
1C) Understand that the indiscriminate use of drugs is inherently dangerous.	1C) Discuss what determines indiscriminate use of drugs. 1) Excess dependence on sleeping pills or tranquilizers; 2) Alcoholism; 3) LSD and chromosome damage; 4) Any factual clinical evidence

CONCEPT 2: THE PHYSIOLOGICAL AND PSYCHOLOGICAL REACTIONS TO DRUGS VARY IN DIFFERENT INDIVIDUALS.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
2A) Recognize that there will be a physiological reaction difference within the individual due to qualitative and quantitative variables with the drug. Also, that the emotional and physical stability of the individual differs.	2A) Show film, "Drugs and the Nervous System." (This film combines LSD and marijuana in the hallucinogenic classification. It is weak, primarily in that it does not distinguish between either marijuana or LSD in enough detail.) Discuss risk factors in taking any mind-altering chemical in unknown quantity or quality. 1) Organic disorders: a) Hepatitis;

	b) Overdose; c) Nutrition. 2) Risk of extended mental disorders. The best approach seems to be to present the risk factors that could possibly occur. 3) Physical dependence and tolerance. 4) Psychological dependence (addiction is no longer an adequate term). Stress variance in physiological acceptability of drugs; i.e., "Why do people eat different amounts of food? Some lose weight? Some gain? Some stay the same? Bodies use calories in different ways. The same is true of drugs -- a normal dose for one person might harm another." (Give more examples.)
2B) Realize that psychological differences will occur due to stability within the individual, and the threat posed by the setting in which the drug is taken.	2B) Discuss how a person's state of mind is a contributing factor in his reaction; i.e., a person in a depressed mood may have one or two drinks and become angry, belligerent; resort to physical violence at a slight or imagined provocation. Inhibitions which help a person function within society's framework may disappear with the use of drugs or alcohol.

Recommendations for inclusions in existing units of study:

1. Sensory perception -- Drug effect on the sensory system.
2. The cell -- Smoking and cancer.
3. Digestion -- Alcohol.
4. Respiration -- Circulation.
5. Steady state -- Drugs and the nervous system.
6. Mental health (if covered) -- Psychological effects.
7. It is recommended that an attempt be made to correlate this topic with the unified studies, personal citizenship, foods or any other areas of the curriculum that might be practical.

Drug Education
Eighth Grade Personal Citizenship

CONCEPT 1: THE DETERMINING FACTORS IN AN INDIVIDUAL'S DECISIONS REGARDING THE USE OF DRUGS ARE HIS VALUE SYSTEMS AND HIS ASSESSMENT OF THE CONSEQUENCES ASSOCIATED WITH DRUG INVOLVEMENT.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Be aware that decision-making requires a knowledge of the nature and scope of drug use in society.	1A) Begin by having students put together a statement of the benefit and indispensability of drugs in a medicinal sense; i.e., "Do you, your friends or your family require certain drugs?" They will give some of the following examples: insulin, aspirin, digitoxin, tranquilizers, allergy pills, pills for skin disorders, pain-killers, sedatives, drugs to control epilepsy, diet pills, muscle relaxants, "alkaseltzer," "contac," alcohol, tobacco, etc. (Get some idea of the magnitude of legitimate drug use!)
1B) Be aware that decision-making requires knowledge of the nature and scope of drug abuse in society.	1B) Discuss the following: 1) Using the substances mentioned, inquire if any of these same substances can be abused. (The aspirin and coke myth will probably be mentioned.) 2) Ask for other substances which people abuse (as defined by law): marijuana, heroin, LSD, Methedrine, etc. 3) What are the inherent dangers in abusing these things? This should prompt much discussion. 4) What we think individually and what we do collectively is inconsistent. We accept the use of many drugs, but we disapprove abuse or misuse of the same substances.
1C) Be aware that decision-making requires knowledge of an individual's legal responsibility.	1C) Lead a discussion of the following: 1) What is a law? 2) Why do we have laws?

	3) Investigate city, state and federal laws governing drug use, sales, transportation, etc. a) F.D.A., F.B.I., local law enforcement officers -- their roles and rights. b) Fines. c) Jail terms. d) What does it mean in your life to have a police record? e) What differences would there be if this record concerned a drug conviction (sales, possession, transportation, misuse, theft, etc.)? 4) Juvenile judge as a resource person. 5) Acquaint with Kansas and Missouri laws as well as inter-state laws.
1D) Be aware that decision-making requires knowledge of an individual's social responsibility.	1D) Ask these questions: 1) Can it hurt a family? a) Reputation; b) Finances; c) Well-being; d) Brothers and sisters. 2) Can it hurt friends? a) Guilt by association; b) Entire group apprehended by police; c) Innocent transportation or possession of something given by a "friend."

Drug Education
Ninth Grade Unified Studies

CONCEPT 1: DECISION-MAKING ULTIMATELY RESTS UPON AN INDIVIDUAL'S INTROSPECTIVE EVALUATION OF HIS PERSONAL WORTH AND INTEGRITY.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Objectively assess his possible and potential future when making decisions about drug abuse.	1A) Review briefly the concept and behavioral objectives of the eighth grade personal citizenship drug education unit. It is hoped that a great deal of discussion and inquiry will be student-initiated at this grade. There are several units that could serve as a vehicle to bring this about: 1) Current events: a) There are many possibilities here; one that might be explored is the relationship between drugs and music. 2) English: a) A unit titled "What is Important to Me" relates to the first three chapters of the Postman text. 3) Other unit correlation: a) Careers; b) China, Middle East, Soviet Union and United Nations; c) Society: Economic and social burden.

Drug Education
Tenth Grade Biology, Applied Science Curriculum

CONCEPT 1: VARIOUS PHYSIOLOGICAL AND PSYCHOLOGICAL FACTORS ENTER INTO THE PHARMACOLOGICAL ACTION ON COMMONLY USED CHEMICALS.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Understand the beneficial uses of substances that modify mood and behavior.	1A) Initiate investigation of the effects of tobacco, alcohol and drugs on the embryo.
1B) Know the harmful substances and the ways they affect physical and psychological functioning of an organism.	1B) Discuss perceptual changes due to stimulation and depression of central nervous system by mind-altering chemicals.
1C) Recognize the potential dangers of tobacco, alcohol and drugs.	1C) Conduct research of actual physiological and psychological effects of the various drugs of abuse on an organism.
1D) Learn the differences between fact and misconception in regard to the use of tobacco, alcohol and drugs.	1D) Test experimentally the effects of tobacco and alcohol physiologically on mice, rats, etc.

Drug Education
Eleventh Grade English Curriculum

CONCEPT 1: THE STUDENT'S SELF-CONCEPT, HIS UNDERSTANDING OF HIS GOALS, VALUES AND THE ESTABLISHMENT OF SELF-ESTEEM WILL PROFOUNDLY INFLUENCE HIS ATTITUDE TOWARD DRUGS.

CONCEPT 2: A STUDENT MAY APPROACH A SELF-CONCEPT BY AN ANALYSIS OF OUR PLURALISTIC SOCIETY AND ITS INFLUENCES ON HIM IN HIS RELATIONSHIPS TO ADULTS AND PEERS.

CONCEPT 3: AN AWARENESS OF THE COMPLEX FACTORS AND PROCESS INVOLVED IN PROBLEM-SOLVING AND DECISION-MAKING IS ESSENTIAL TO HIS ULTIMATE CHOICE IN REGARD TO DRUG USE AND ITS ALTERNATIVES.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Increase his self-awareness, particularly of his attitudes, judgments, feelings and prejudices. 2A) Develop evaluative skills regarding the influences of society. 3A) Develop decision-making skills. 3B) Correlate his learnings and his behavior.	A. Present a unit based on Chapter 10 "Poetic Systems" in Language and Systems by Postman and Damon, pp. 125-132. A study of man's quest for happiness, his "dream" and the accompanying frustrations and disillusionment. An examination of drug use as one of contemporary man's solutions to this universal question. (This unit to be planned by representatives of the English Department in the early fall.) B. Other suggestions: 1) Analyze communications media -- television, films, speakers, popular music, newspapers, magazines. a) What are motivations for use, abuse or avoidance of drugs, alcohol, tobacco? In what ways is the consumer persuaded? What are the social consequences? 2) Study contemporary society. a) How are these topics related to present drug abuse? Peer pressure -- influences of technology -- cult of experience -- rebellion -- alienation -- instant society -- use of leisure.

	3) Suggest a research unit for factual information. Possible topics: a) Comparison of marijuana, alcohol and tobacco. b) Relationship between drug abuse and crime. c) Attitudes of society toward drug abusers. d) Historical view of narcotics used and abused. e) Legal aspects of drug control. f) Ways that students can assist in drug problems. g) Effects of and dependence on drugs. h) Specific studies and evaluation of drugs locally and nationally.

Drug Education
Twelfth Grade American Government or Social Studies

The student at the twelfth grade level should already be familiar with the pharmacological aspects of drugs and the emphasis should be on helping the student make value judgments pertaining to mind-altering substances.

CONCEPT 1: ONE MUST UNDERSTAND THE ROLE OF THE GOVERNMENT IN RELATION TO MIND-ALTERING SUBSTANCES. THE INDIVIDUAL'S KNOWLEDGE OF HIS LEGAL RESPONSIBILITY SHOULD HELP HIM MAKE PERSONAL DECISIONS IN REGARD TO SUCH SUBSTANCES.

CONCEPT 2: ONE MUST UNDERSTAND THE ECONOMIC FACTOR INVOLVED IN MIND-ALTERING SUBSTANCES.

CONCEPT 3: ONE MUST UNDERSTAND THE PSYCHO-SOCIAL FACTORS INVOLVED IN MIND-ALTERING SUBSTANCES.

OBJECTIVES: THE STUDENT SHOULD:	STRATEGIES: THE TEACHER SHOULD:
1A) Explore the various ways that the government controls his daily life and the reasons for the regulations. This could include various laws regulating drug use in the United States and other countries of the world.	A. Initiate activities such as: 1) Research project. 2) Presentation of differing views about drugs as obtained from books, periodicals, journals, etc. 3) Panel discussions. 4) Films. 5) Speakers.
1B) Be aware of the various penalties for legal infractions and discuss whether the penalty is in proportion to the infraction.	
2A) Be aware of the cost to the individual, family and society. Concepts for discussion may include: support of the habit, relationship to crime, medical and rehabilitation costs.	
3A) Explore why people take drugs. Concepts for discussion may include alienation, rejection of establishment, peer pressure and self-awareness.	

Resource Materials - District Owned

Grade Level	Books or Booklets	Films	Filmstrips & Other Media
Primary	Dennis the Menace Takes a Poke at Poisoning (H.E.W.) - cartoon book	Sniffy Escapes Poisoning	The Legend of Patch the Pony Drugs: Friend or Foe (w/record)
Gr. 4	The Good Drug and the Bad Drug	Be Smart-Don't Start (Smoking) Drugs Are Like That	Drug Abuse: Who Needs It? (w/record) Let's Talk About Drugs (w/record) (teacher in-service and student use)
Gr. 5 & 6	Drugs & People (Allyn & Bacon) Drugs & You (Channing L. Bete) Health & Growth (Scott Foresman) The Play is Yours: You & Drugs It's Really Up to You: You & Smoking It's Really Up to You: You & Alcohol (Ramapo House)	Smoking Sam and film Your Amazing Mind Drugs & the Nervous System Read the Label & Live	Drugs: Helpful & Harmful (w/record) Drugs in Today's World AIMS - Guidance Decisions Transparencies: DCA Alcohol Level 1 FDA How Safe Are Our Drugs?
Gr. 7, 8 & 9	Deciding About Drugs (Kiwanis) To Young Teens on Druggism What You Must Know About Drugs It's Your Decision: You & Narcotics It's Your Decision: You & Tobacco It's Your Decision: You & Alcohol (Ramapo House)	LSD-25 LSD: Insight or Insanity Distant Drummer Drugs & the Nervous System	AIMS - Guidance Decisions SVE - Drugs in Our Society Series Guidance Associates - The Drug Information Series Smart Teens Kit Transparencies: A Case on Drugs Kit DCA Alcohol Level II FDA How Safe Are Our Drugs? FDA The Use & Misuse of Drugs Slides: Drugs of Abuse (Marion Laboratories) Drug Abuse Education Kit
Gr. 10, 11 & 12	Investigating Your Health (Houghton-Mifflin) You & Narcotics: Choose for Yourself You & Smoking: Choose for Yourself You & Alcohol: Choose for Yourself (Ramapo House)	Distant Drummer LSD-25 Drugs: Facts Everyone Needs to Know	Transparencies: DCA Alcohol Level III FDA How Safe Are Our Drugs? FDA The Use & Misuse of Drugs A Case on Drugs Kit Slides: Drugs of Abuse (Marion Laboratories) Drug Abuse Education Kit Drugs: Insights and Illusions Kit (w/record and teacher's guide)
Teacher & Adult In-Serv.	District #512 Curriculum Guide Teaching About Drugs Curriculum Guide K-12 (American School Health) Lankenau Curriculum Guide Teach Us What We Want to Know (Byler) Drug Education for Teachers and Parents (Imhoff) Drugs of Abuse Guide to Health (Scott Foresman) Blue Cross: Adolescence for Adults Drug Abuse: The Chemical Cop-Out National Clearing House Drug Education Curricula: Great Falls Montana S.D. #1 Tacoma Washington Public Schools Baltimore County Board of Education Flagstaff Public Schools New York State Education Department Rhode Island Department of Ed. South Bay Union School District Resource Book for Drug Abuse Ed.	Distant Drummer Drugs: Facts Everyone Needs to Know Drugs & the Nervous System LSD-25 LSD: Insight or Insanity	Let's Talk About Drugs (Feinglass) Cassette: The Drug Problem Record: Instant Insanity Drugs Slides: Drugs of Abuse (Marion Laboratories) Drug Abuse Education Kit Tape Recording: The Last 15 Minutes Transparencies: A Case on Drugs Kit FDA How Safe Are Our Drugs? FDA The Use and Misuse of Drugs

Description & Evaluation of District-Owned Resource Material

FILMS

Sniffy Escapes Poisoning, 7 min., color, sound; Grades K-2
Shows through animation why small children should not take medicine without their parents' permission.

Be Smart - Don't Start, 11 min., color; Grade 4
This film was designed to present the cigarette smoking story to children. Relates the opposing opinions and claims of cigarette manufacturers and those from men in the medical field. Shows the effect of smoking on the lungs of a boy mannequin, Smoking Sam.

Drugs Are Like That, 17 min., color; Grades 4-5
Psychologically aimed at preventing the elementary age child from experimenting with drugs.

Your Amazing Mind, 15 min., color, sound; Grades 4-6
Begins with a lengthy discussion of the importance of man's brain power in the progress of civilization. Proceeds to discuss the different types of drugs available and the dangers of using them without prescription. Explains the various types of drugs and discusses the effects of each on the human brain.

Drugs and the Nervous System, 18 min., color, sound; Grades 5-9
This film explains how drugs affect many different parts of the body by working on the central nervous system. Major portion of film explains the serious disruption of C.N.S. caused by drugs, narcotics and other substances taken for kicks.

LSD-25, 26 min., color; Grades 7-12; Adults
A documentary designed to convey facts concerning the manufacture, distribution, consumption and possible effects of LSD. Somewhat technical in treatment, yet dramatic enough to be effective with all those concerned with drugs and their impact on youth.

LSD: Insight or Insanity, 28 min., color, sound
(Not recommended for elementary children. Preview before using.) This film documents the dangers of unsupervised use of LSD and explains what is known about its physiological and psychological effects.

Distant Drummer, The, 45 min., color, sound; Grades 7-12; Adults
Part I, Flowers of Darkness, provides a historical survey on the drug abuse problem. Part II, the Moveable Scene, visits the drug scene among youth in San Francisco, New Orleans, New York and London. Part III, Bridge from No Place, describes the process by which ex-addicts may rejoin society through treatment and rehabilitation.

Drugs: Facts Everyone Needs to Know, 29 min., color, sound; High School, Adult Groups, Teacher In-Service
Employing a simple, direct lecture format, this film categorizes and briefly explains the properties of the major drugs of abuse, the depressants, stimulants, the psychedelics or hallucinogens, and other mind-affecting drugs like tobacco and atropine, and marijuana. Dr. Sanford J. Feinglass, Director of the Center for Drug Information, Research and Education, California State College of Hayward, also discusses some of the major concerns surrounding drug use in response to questions from his small classroom audience of adults. Finally, he notes the importance of other factors influencing drug experiences -- the dosage, the set (or state of mind) of the user, the setting in which the drug is taken, and the integrity of the drug compound (whether it is, in fact, what it's believed to be). The real problem, he concludes, is not drugs but the needs they fulfill. Person-to-person contact has been, he says, the only consistent method of providing alternatives to drug use.

Read the Label and Live, 9 min.; Elem. thru High School, Adults
Shows the health and fire hazard when people fail to read the labels on products they use. Included are hair sprays, insecticides, paint thinners, lacquers, medicines and household products.

FILMSTRIPS

Legend of Patch the Pony, 14-1/2 min., color; Primary
Loveable Patch teaches children that it is dangerous to accept candy, gifts, money or auto rides from strangers. A complete safety education program that combats child molesters.

Drugs: Friend or Foe?, w/record, 13 min.; Grades K-3
Emphasizes positive aspect of proper drug usage (including preventive medicine); accidental drug misuse, and misguided drug use. Produced locally by Marsh Film Enterprises.

Drug Abuse: Who Needs It?, w/record, 15 min.; Grades 4-7
Narrative format (story of boy who becomes involved with drugs) incorporating information about various commonly misused drugs.

Let's Talk About Drugs, w/record; Primary (especially 4th grade)
This filmstrip begins with the whole body concept and discusses physical and emotional needs while stressing individuality. It discusses drugs -- medical drugs, alcohol, tobacco, caffeine, tea, as well as those presently in the public eye, and explains the action of drugs on the body. The motivations behind drug taking are explored. All information is presented from the viewpoint of a child and a child's sphere of experience.

FILMSTRIPS (Cont'd.)

Drugs: Helpful and Harmful, w/record, Grades 5-6

The specific objectives of this filmstrip are to help pupils appreciate the contribution of drugs and medicines to human health and longevity, understand the nature and sources of various drugs and medicines, realize that all drugs may be potentially hazardous as well as beneficial, make wise decisions concerning the safe use of prescriptions and over-the-counter drugs as well as various household chemicals, become aware of the dangers resulting from the indiscriminate use of prescriptions and over-the-counter drugs (especially the stimulants and depressants), and to understand the reasons for drug control laws to protect society from the misuse of potentially hazardous substances.

Drugs in Our Society Series (SVE); Upper Elementary, Junior and Senior High

Alcohol: Decisions About Drinking
LSD: Worth the Risk?
Marijuana: A Foolish Fad
Narcotics: Uses and Abuses
RX: Not for Kicks
Tobacco: The Habit and the Hazards

This series of filmstrips utilizes full-color photographs, artwork, diagrams, plus authoritative narration to present the facts on these six important social problems. Treatment avoids distortion, scare tactics and preaching. Enables students to make their own decisions based on information and a sense of responsibility to themselves.

Guidance Decisions (AIMS), 7 min. ea.; Grades 6-12

Drugs: Your Decision
Alcohol: Your Decision
Marijuana: Your Decision
Smoking: Your Decision

Using a personal, non-preaching approach, these sound filmstrips feature open-end discussion motivation and meaningful questions. Each filmstrip narration ends with the challenge -- "The Decision is Yours!"

The Drug Information Series (Guidance Associates); Grades 6-12

Marijuana: What Can You Believe?
Narcotics
Psychedelics
Sedatives
Stimulants

These filmstrips emphasize facts and are not exaggeration, cliches or scare tactics. Facts convince. They generate identification, provoke response and sustain interest.

Drugs in Today's World (SVE); Grades 5-6

Uppers and Downers: What Killed Billy Lawton?
Psychedelics: A Way to Travel?
Opiates: What are Narcotics?
Why Drugs?

Four filmstrips with cassettes with study guides for teachers. The nature and effects of drugs described and the psychological and social problems that lead to drug abuse are discussed.

TRANSPARENCIES

How Safe Are Our Drugs? (FDA), 22 transparencies, color; Grades 6-12

These transparencies explain FDA's pre-marketing approval of a new drug and the preparation of essential labeling information, and describes those responsible for the safety of a drug product.

The Use and Misuse of Drugs (FDA), 20 transparencies, color; Grades 7-12

This set of transparencies helps the student make decisions about the safe use of a drug product which has been made potentially safe for him. Students who make personal decisions for safe use will avoid negative attitudes toward drugs and indiscriminate use of the central nervous system drugs.

Alcohol (DCA)

Level I: How Does Alcohol Affect Your Personality?, 8 transparencies, color; Elem.
Level II: Alcoholism Damages Society, 8 transparencies, color; Grades 7-9
Level III: Can You Make a Competent Decision About Drinking?, 7 transparencies, color; Grades 10-12

KITS

A Case on Drugs (3M), transparencies w/teacher's guide; Junior and Senior High

Excellent transparencies that appeal to youth with a prepared script. It describes medical uses, realistic situations of drug abuse and the dangers of each drug. Produces good discussion.

Drugs: Insights and Illusions, w/record, logbook, texts, teacher's guide; Junior and Senior high

Challenges students to think about every aspect of the drug abuse problem, to learn about the causes, the consequences, the alternatives, and to realize that the decisions are their own. A variety of approaches is offered.

Smart Teens; Junior and Senior High

The kit contains samples of the programs, posters, a year's subscription to "Scene" the monthly newspaper, and a packet of information on how to set up the Smart Teens and Smart Set programs in junior high schools.

SLIDES

Drugs of Abuse (Marion Laboratories); Junior and Senior High, selected Elementary
The slides begin with glue sniffing and other aromatic substances and the effect on the body. Hallucinogenics: marijuana and LSD are shown with symptoms and descriptions. Slides 20-30 take up the central nervous system. Stimulants: the amphetamines ("speed", etc.) to be followed by the depressants: barbiturates, tranquilizers and opiates.

Drug Abuse Education Kit
History of Drug Abuse, 18 slides
Drug Abusers' Propoganda, 15 slides
Drugs of Abuse, 33 slides
Drugs and Your Body, 12 slides
U.S. Bureau of Narcotics and Dangerous Drugs, 30 slides
Rehabilitation and Treatment Centers, 22 slides
Drug Abuse Education Material, 20 slides
Drug Abuse Education Programs and Councils, 15 slides

RECORDS

Instant Insanity Drugs (Key Records)
This record is a vital contribution to programs designed to fight the temptation of experimenting with drugs for "kicks". This record has been played with dramatic success in schools as an educational project for young people seeking the facts. Recommended for upper high school, teachers and parents.

First Vibration (The Do It Now Foundation) - Check before using

Rock Music Record - Anti-drugs

CASSETTES

The Drug Problem
Tapes can be used for independent study and to encourage adults in the community to individually inform themselves. Contains ten cassettes:

Narcotics
Stimulants
Depressants
Marijuana
Law Enforcement
Drugs in the Armed Forces
Rehabilitation I, II
Rehabilitation, III, IV
Parents I, II
Parents III, IV

Resource Materials - Other Than District Owned

Blue Cross-Blue Shield (loan - no charge)
3637 Broadway
Kansas City, Missouri
561-8700

FILMS

Distant Drummer, The (series of 3 films), 45 min., color, 16 mm., sound; Grades 7-12, Adults
(Described under district owned films)

Bureau of Narcotics and Dangerous Drugs (loan - no charge)
U.S. Courthouse, Suite 231
811 Grand Avenue
Kansas City, Missouri 64106
374-2631

FILMS

Beyond LSD, 23 min., color, (rated very good to excellent)
A film for concerned adults and teenagers. This films discusses the lack of communication between adults and teenagers. In the struggle with anger, his sexuality and his emergency identity, the teenager may resort to drugs. How to bridge this gap of understanding makes this film helpful to parents.

Drivin' and Drugs, 14 min., 16 mm., color, sound; Junior High and up
This film seeks to motivate young people to abstain altogether from the use of drugs and effectively gives the reasons why. Points out the dangers of driving a car while using drugs.

Drug Abuse: A Call to Action, 27 min., color; community action groups
Shot on location in and around Greenwich, Conn., the film features high school students, ex-addicts, police officers, parents and physicians.

Drug Abuse: Everybody's Hangup, 14 min.; adult groups
This film is aimed at parents and other adults and attempts to explain the "youth" scene and the pressures which lead to drug abuse.

Drugs and the Nervous System, 18 min., color; Grades 5-9
(Described under district owned films)

Hooked, 20 min., black and white; Junior High and up
Young people describe their experiences with drug addiction. They speak with candor about what impelled them to use drugs, how drug abuse affected their relationships with others, and the disgust with which they now regard their drug experiences.

LSD, 28 min., color; Senior High and up
A lecture type film developed by the Surgeon General's Office, U.S. Navy. Good technical accuracy, done with lecture technique without props.

LSD-25, 27 min., color; Senior High and up
(Described under district owned films)

LSD: Insight or Insanity?, 26 min., color; Senior High and up
(Described under district owned films)

Marijuana, 34 min., color; Junior High and up
A teenager idol (Sonny of Sonny and Cher) provokes teenagers to think for themselves. Makes no moral judgments, simply examines the facts about marijuana.

Riddle, 28 min., black and white; Junior High and up
The camera follows actual glue-sniffers, cough medicine drinkers and heroin addicts into the alleys, tenements and physicians' offices where their candid comments and bewildered responses clearly show the hopelessness of their lives. By contrast, an account of a youth who resists the drug abuse crowd to land a job strikes a hopeful note.

Speedscene, 17 min., color, Junior High and up
The abuse of amphetamines is documented in this film. Particular attention is paid to the intravenous use of methamphetamine ("speed"). Rated very good.

Johnson County TB and Health Association (loan - no charge)
Park Cherry Building
Olathe, Kansas
782-1392

FILMS

As You See It, 25 min., color; 5th and 6th Grades
Some youngsters determined to woo their parents away from smoking produce their own T.V. documentary, including interviews with experts.

Is It Worth It?, 25 min., color; Junior and Senior High
Powerful presentation by Dr. Charles Tate of Miami on the effects of cigarette smoking. Dramatically illustrated.

Life and Breath, 15 min., color; Senior High and Adults
Dramatically shows development of emphysema in one man; techniques of detection, examination, treatment and role of cigarette smoking.

Point of View, 19 min., black and white; Grades 6-9
A film on cigarette smoking designed for the teenager, but of interest to all age groups. An off-beat, satirical comment that points up the use of cigarettes as both foolish and deadly.

FILMSTRIPS

The Decision is Yours, 10 min., color; Grades 4-9
A young high school student tells his story of how he became a cigarette smoker. Many of the critical health issues that surround the teenager and smoking are effectively presented.

LITERATURE

What's the Score?
Me Quit Smoking? How?
Me Quit Smoking? Why?
What is Chronic Bronchitis?
To Smoke or Not to Smoke
The Alpha-butt of Smoking
Q and A of Smoking and Health
Cigarette Smoking: The Facts
What's Your Cigarette Smoking I.Q.?
Here is the Evidence
Yes Sir, One of These Days

MANNEQUIN

Smoking Sam
A smoking mannequin available to schools. After Sam has smoked the cigarettes, the children can view his tar-filled lungs. Mr. Rex Shanks comes with Sam and gives a short presentation. (Johnson County TB and Health Association is presenting a Smoking Sam to our school Health Resource Center.)

Kaw Valley Heart Association (loan - no charge)
2100 West 41st Avenue
Kansas City, Kansas 66103
432-3747

FILMS

Smoke, Anyone? , 9 min., color, 16 mm.; Grades 7-12
This excellent film is especially recommended for use by PTA and other groups who are making a major effort to tell students the advantages of not smoking.

Smoking and Heart Disease, 9 min., color, 16 mm.; Elementary and Junior High
Clear, colorful animation, with answers to vital questions.

LEAFLETS

"Take it Yourself Heart Quiz"
A fun leaflet. Smoking and a few heart myths are reported and answered, with lighthearted illustrations.

"The Important Facts About Smoking and Heart Disease"
The effects of tobacco smoke on the body are described, and the advantages of not smoking are pointed out.

American Cancer Society of Johnson County (loan - no charge)
5880 Horton
Shawnee Mission, Kansas
432-5587

FILMS

Huffless, Puffless Dragon, 8-1/2 min., color; Grades 4-6
Solitary non-smoking dragon easily wins athletic contests against the smoker-dragon and becomes the hero of all dragon ladies.

Smoking and You, 14 min., color; Grade 6 and up
A British film emphasizes the damage done to human lungs by cigarette smoking. An actual lung is pictured, and, through diagrams and animated sequences, it is explained that "cigarettes can kill".

Smoking: Past and Present, 15 min., color; Grades 5-8
History of tobacco is given, tracing it from early cultures through later periods in various countries. Contains segments which illustrate and explain the harmful effects on the body, and a classroom dialogue between teacher and pupils, summarizing important points.

FILMSTRIPS

I'll Choose the High Road, 15 min.; Grades 5-6 and up
Emphasizes the importance of physical, mental and social fitness in the enjoyment of future opportunites. Discusses relationship between smoking and health complications of nose, throat, heart, lungs, etc.

LITERATURE

I'll Choose the High Road (folder)
Facts on Teenage Smoking (reprint)
Smoke Cigarettes? Why? (folder)
Teenagers and Cigarettes (reprint)
A Time for Decision (folder)
Who, Me? (folder)

Modern Talking Films (loan - no charge)
3718 Broadway
Kansas City, Missouri
561-1208

FILMS

It Takes a Lot of Help, 28-30 min., color; Adults, Community Leaders
Gives an over-all view of what communities must do to provide means of combatting drugs. It shows a town in Illinois and how it was done there. Presents many approaches such as encounter groups, halfway houses, etc.

Drivin' and Drugs, 14-1/2 min., color; Junior High and up
A vital film aimed at the teen audience, but of interest and value to all. It investigates "pep pills" and "goof balls" (amphetamines and barbiturates), marijuana, heroin and LSD. The film seeks to motivate young people to abstain altogether from the use of drugs and effectively gives the reasons why.

Drivin' and Drinkin', 14-1/2 min., color; Junior High and up
An important film that presents the cold, hard facts about drinking in a manner psychologically suited to teenagers, shows how drinking affects driving, and seeks to motivate young people to make their own decision to separate drinking from driving.

The Dangerous Years, 30 min., color; Junior High and up
A dramatic documentary which takes a look at teen-age crime and delinquency. When do criminals start down the wrong path and what are the new approaches being taken to guide and correct the young lawbreakers?

Kansas State Department of Health (loan - no charge)
Division of Health Education Services
State Office Building
Topeka, Kansas 66612

FILMS

Alco Beat, 11 min.; Drivers Education Classes and Adults
Shows what happens when an otherwise good driver is under the influence of even a small amount of alcohol.

Alcohol and You, 28 min.; Junior and Senior Highs, Adults
Without preaching, the film shows how easy it is for young people to slip into the attitudes and drinking patterns of the one-in-fifteen drinkers who becomes an alcoholic. Film uses music and language of today's teens.

Bridge from No Place, 22 min.; Junior High and up
Part III of "The Distant Drummer" -- deals with current research on drug addiction and rehabilitation.

Drugs and the Nervous System; 16 min., color; Junior High and up
(Described under district owned films)

Hooked, 20 min.; Junior High and up
This is a description of the results of drug addiction. Several young former addicts use their own words to tell their experiences.

LSD: Insight or Insanity?, 18 min., color
(Described under district owned films)

Movable Scene, A, 22 min.; Junior High and up
Part I of "The Distant Drummer" -- shows disenchanted youth, American rock festivals and the plea asking the young to help make the world better.

Narcotics: The Inside Story, 12 min., color; Junior High and up
This film is designed to acquaint youth with the positive applications of narcotics and drugs when administered by doctors. The "inside story" is that experimenting with drugs and narcotics can seriously, even permanently, upset the nervous system. Unusual photographic technique, dramatic color, and background music add impact to this film.

Drug Abuse: The Chemical Tomb, 19 min., color; Junior High and up
Young people say they want facts about drugs, not dramatics. Here are the facts, presented in stark simplicity. The film includes information on barbiturates, LSD, "speed", marijuana even gasoline and glue sniffing.

Pusher, The, 6 min.; Junior and Senior High
The Children's Cultural Foundation has assembled an unusual collection of movies made by teenagers. The script writing, camera work, acting and editing were all done by a group of 14 20-year-olds in New York. It is a brief, unadorned portrayal of some drug addicts forcibly injecting a small boy with heroin.

Smoking and Health: A Report to Youth, 13 min.
This film with typical teen scenes and snappy music explains hazards of smoking and shows how trachea, bronchi and lungs are affected.

Smoking: It's Your Choice, 15 min.; Intermediate, Junior High and up
Interviews with a young emphysema patient, a laryngectomie and other smoking "victims" make a lively action film.

Speedscene: The Problem of Amphetamine Abuse, 17 min., Junior High and up
(Described previously)

Metropolitan Drug Abuse Center ($5.00 per showing)
406 West 34th Street, Suite 412
Kansas City, Missouri 64111
531-8272

FILMS

Drugs and the Nervous System, 18 min., color; Grades 5-9
(Described under district owned films)

Narcotics and Kids, 9 min., color; Grades 5-8
Two female ex-drug users who talk about experiences on drugs with upper elementary grades.

The Seekers, 31 min., color; Junior High and up
Several young people, mostly ex-addicts, explore the world of drug addiction in terms of their own experience. They discuss their backgrounds, their reasons for becoming addicted, and their new opinions of themselves. Their talks reveal their painful search for self-identity.

Speedscene, 18 min., color; Junior High and up
(Described previously)

Your Amazing Mind, 15 min., color; Grades 5-7
(Described under district owned films)

Legislation - Federal and State

Federal:

1. Harrison Narcotics Act, 1914
   Basis of all narcotic laws; regulates and controls the importation, production, sale, purchase and distribution of the opiate drugs.
2. Narcotic Drugs Import and Export Act, 1922
   Outlaws heroin; intended to completely eliminate illegal use of narcotics in the U.S.
3. Marijuana Tax Act, 1937
   Restricts handling of marijuana to registered taxed. Regulates traffic to legitimate handlers who must pay tax; penalties for possession and sale. Suppresses the use of marijuana in the U.S.
4. Opium Poppy Control Act, 1942
   Makes growing of the opium poppy illegal in U.S. and sets penalties for same.
5. Boggs Act, 1951
   Mandatory sentence act providing severe penalties for illegal possession or sale of drugs.
6. Narcotic Control Act, 1956
   Heavy penalties for sale to minors by adults (10 years to death and/or $20,000 fine): for sale to adults by adults (5-20 years and/or $20,000 fine).
7. Drug Abuse Control Amendments Act, 1965
   Applies to regulation and control of non-narcotics such as LSD, stimulants, depressants and other abused drugs.

Penalties - Federal:

1. Narcotics: First offense 5-20 years, $20,000 fine; second offense 10-40 years, $20,000 fine. Illegal sale to minor removes possibility of parole.
2. Restricted drugs: First offense 2-10 years; second offense 5-20 years.

Kansas:

1. First possession of marijuana a misdemeanor (up to one year and/or $1,000); second possession a felony (1-7 years in state penitentiary). Further convictions under habitual criminal act (up to life).
2. Possession of restricted drugs (those requiring prescription) a misdemeanor (up to one year and/or $1,000).

Drug Detection

Detection of drug abusers is a very difficult procedure and one that is rarely 100 per cent effective. Students may display the effects of some of the dangerous drugs, but these effects may be caused by drugs which are being used legitimately. Persistent symptoms or changes in attitude and habits are the most proper source of concern.

Radical personality changes are often indicative of possible drug abuse. Sudden changes in attendance, discipline and academic performance may also indicate that a drug problem exists.

Abrupt changes in a student's style of dress or health habits may be telltale signs of drug abuse. Changes in a student's social patterns, such as associations with new friends or new activities with old friends, are sometimes related to a drug problem.

Drugs and possible symptoms of their abuse:

Depressants:
Symptoms of alcohol intoxication, without the odor of alcohol on the breath.
Staggering, stumbling and a general disorientation.
Lack of interest in classroom activities.
Extreme drowsiness or falling into a deep sleep while in class.
Slurred or indistinct speech.

Stimulants:
Extreme hyperactivity.
Highly irritable and argumentative moods.
Excessive talking on nearly any subject.
Dilation of the pupils of the eyes, even in extremely bright light.
Bad breath, with an unidentifiable odor.
Chapped, reddened, cracked or raw lips, due to incessant licking of the lips (taking of stimulants causes extreme thirst).
Going for long periods of time without eating or drinking.
Tremor and heavy perspiration.

Hard Narcotics:
Cough medicine and paregoric bottles in wastebaskets.
Traces of white powder around the nostrils.
Nostrils red and raw.

Needle injection marks on arm, especially near the inner surface of the elbow.
Use of long-sleeved garments, even in hot weather.
Presence of equipment needed for injection, including bottle caps and bent spoons which are used for heating the drug solution, small balls of cotton, syringes, hypodermic needles and eyedroppers.
Lethargic or drowsy appearance.
Occasional symptoms of deep intoxication.
Constricted pupils which may fail to respond to light.

Glue:
Odor of glue on breath or clothes.
Excessive nasal secretions.
Red, watery eyes.
Complaints of double vision, ringing ears and hallucinations.
Lack of muscular control.
Drowsiness, stupor and unconsciousness.
Discovery of paper bags or rags with dried plastic cement on them.
Frequent expectoration, nausea or loss of appetite.

Hallucinogens:
User may sit or recline in a dream-like state; may be fearful and appear to be full of terror; may wish to escape from group activities.

Marijuana:
Use of this drug may be hard to recognize unless user is extremely intoxicated. Symptoms include:
Excessive animation or near hysteria.
Loud and rapid talking.
Great bursts of laughter at highly unlikely times.
Appearance of sleepiness or even stupor.
Pupils of the eyes may be dilated.
Perspiration or pallor.
Badly stained or burnt fingers from smoking marijuana cigarettes.
Odor, somewhat sweet and like burnt rope, remains on breath and clothes for hours.
Unusual appetite, especially for sweets.
Red, watery eyes.
Possession of cigarette papers.

"Dope on Dope"

The best method of stemming the rising tide of drug abuse among youngsters is not to use scare techniques. The most effective method is to be completely honest with young people and to give them the most factual and accurate information available.

The average age of the drug abuser is now 14 years.

The drug problem is not confined strictly to youth in this country. Many older people abuse drugs of all types.

One dose of a hard narcotic does not make the user an addict. Speed of addiction does vary greatly among different users, however.

A user has no reliable method of identifying the actual content and composition of the illegal drugs he is taking.

People who abuse the hallucinogens develop a "missionary complex" and often urge their friends to try the drugs.

Drugs do not enable the user to have better insights and a more creative nature. Tests have shown that creativity is dulled when a person is under the influence of drugs.

Many people who have used LSD and some of the other more powerful hallucinogens have ended their trips in a mental hospital.

Use of marijuana is increasing and the age of the user is dropping rapidly.

Marijuana and LSD are not narcotics.

Marijuana and the other hallucinogens do not cause physical addiction, but they can produce psychological dependence.

Most people who try marijuana are merely experimenting. As many as 80 per cent of those who try pot may use the drug only once or twice.

Although marijuana is not addicting, merely participating in the drug scene often leads to the use of more dangerous drugs.

The short- and long-term effects of marijuana use are presently being studied.

Use of marijuana and other hallucinogens is not mainly concentrated in the lower socio-economic classes. Use penetrates all socio-economic classes.

Technical Terms

Abuse:

The misuse of drugs or other substances by a person who has obtained them legally or illegally and administers them to himself without the advice or supervision of a qualified person.

Addiction:

In 1957, the World Health Organization (WHO) defined drug addiction as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; and (4) an effect detrimental to the individual and to society.

Central Nervous System:

The brain and spinal cord.

Chromosomes:

Threadlike bodies in a cell which carry the genes that control hereditary characteristics.

Compulsion:

A compelling impulse which causes a person to act in a way that may be contrary to his good judgment or normal actions.

Convulsions:

A series of involuntary contractions of the muscles.

Delirium:

A condition marked by confusion, disordered speech and hallucinations.

Dependence:

The need for and reliance upon a substance. This can be both physical and psychological.

Depressant:

Any of several types of drugs which cause sedation by acting on the central nervous system.

Habituation:

As defined in 1957 by WHO, drug habituation is a condition resulting from the repeated consumption of a drug, which includes these characteristics: (1) a desire (but not a compulsion) to continue taking the drug for the sense of improved well-being that it engenders; (2) little or no tendency to increase the dose; (3) some degree of psychic dependence on the effect of the drug but absence of physical dependence, and, hence, no abstinence syndrome; and (4) a detrimental effect, if any, primarily on the individual.

Hallucination:
A sensory experience which exists inside the mind of an individual and is a false perception of the actual conditions.

Hallucinogen:
Any of several drugs, popularly called psychedelics, which produce sensations such as distortions of time, space, sound, color and other bizarre effects. While they are pharmacologically non-narcotic, some of these drugs (e.g., marijuana) are regulated under Federal narcotic laws.

Hallucinogenic:
Causing or producing hallucinations.

Hypnotic:
An agent that induces sleep.

Intoxication:
The temporary reduction of mental and physical control because of the effects of drugs or other substances.

Narcotic:
Any drug that produces sleep and also relieves pain.

Paranoid:
A person suffering from a mental disorder in which he has fears that others are threatening him. Delusions of grandeur are also common to a person who is a paranoid.

Pharmacology:
The science dealing with the production, use and effects of drugs.

Potentiation:
Potentiation occurs when the combined action of two or more drugs is greater than the sum of the effects of each drug taken alone. Potentiation can be very useful in certain medical procedures.

For example, physicians can induce and maintain a specific degree of anesthesia with a small amount of the primary anesthetic agent by using another drug to potentiate the primary anesthetic agent. Potentiation may also be dangerous. For example, barbiturates and many tranquilizers potentiate the depressant effects of alcohol.

Physical Dependence:
Physiological adaptation of the body to the pressence of a drug. In effect, the body develops a continuing need for the drug. Once such dependence has been established, the body reacts with predictable symptoms if the drug is abruptly withdrawn. The nature and severity of withdrawal symptoms depend on the drug being used and the daily dosage level attained.

Psychological Dependence:
An attachment to drug use which arises from a drug's ability to satisfy some emotional or personality need of the individual. This attachment does not require a physical dependence, although physical acceptance may seem to reinforce psychological dependence. An individual may also be psychologically dependent on substances other than drugs.

Psychosis:
Any severe mental disorder or disease.

Sedative:
Any substance which calms or quiets body activity.

Side Effects:
A given drug may have many actions on the body. Usually one or two of the more prominent actions will be medically useful. The others, usually weaker effects, are called side effects. They are not necessarily harmful, but may be annoying.

Stimulant:
Any of several types of drugs which act upon the central nervous system to produce excitation, sleeplessness and alertness.

Tolerance:
With many drugs, a person must keep increasing the dosage to maintain the same effect. This characteristic is called tolerance. Tolerance develops with barbiturates, with amphetamine and related compounds, and with opiates.

Toxic Effects (poisoning):

Any substance in excessive amounts can act as a poison or toxin. With drugs, the margin between the dosage that produces beneficial effects and the dosage that produces toxin or poisonous effects varies greatly. Moreover, this margin will vary with the person taking the drug.

Withdrawal:

The illness that results when a drug or other substance upon which a person has become physically dependent is withheld from his body.

Drug Education Basic Reference Collection

Leaflets:

LSD
Marijuana
Narcotics
The Up and Down Drugs
Students and Drug Abuse

Booklets:

Adolescense for Adults
Deciding About Drugs
Drug Abuse: Escape to Nowhere
A Federal Source Book
Drug Abuse: The Chemical Cop-Out
Drugs
The Glue Sniffing Problem
Students and Drug Abuse

Note: These materials are available at each school. Additional packets may be secured on loan from the Director of Health Education.

Slang Terms

Acapulco Gold - A highly potent form of marijuana from Mexico.
Acid - LSD.
Acid Head - Habitual LSD user.
Amping; Over-Amping - Overdose.
Amy; Amy Joy - "Amyl Nitrate".
Artillery - Equipment for injecting drugs (syringe, cotton, etc.)
Babysit - To guide a person through a drug experience.
Backtrack - To withdraw the plunger of a syringe while injecting the drug to get recurring flashes.
Backwards - Tranquilizer usage.
Bag - Container of drugs (nickel bag - $5.00 worth, etc.).
(Finding Your) Bag - Doing what seems best to you.
Bagman - A drug supplier.
Balloon - Toy rubber balloon used for storing or delivering drugs.
Bang - Inject drugs, usually heroin.
Barbs - Barbiturates.
Bennies - "Benzedrine" (brand of amphetamine sulfate, SK&F Labs) tablets.
Bernice - Cocaine.
Big John - The police.
Bindle - A small quantity or packet of narcotics.
Biz - Equipment for injecting drugs.
Blanks - Poor quality narcotics.
Blast; Blow - Smoke marijuana
Blasted - High on marijuana.
Blow a stick - To smoke a marijuana cigarette.
Blow your mind - Get high on drugs.
Blue bands - Pentobarbital sodium.
Blue birds or blues - Amobarbital capsules ("Amytal"; Amobarbital sodium).

Cap - Capsule containing a drug.
Cargo - Load of supply of narcotics or drugs.
Carrying - In possession of drugs.
Cartwheel - Amphetamine tablet (round, white, double scored).
Cents - C.C.'s cubic centimeter.
Chalk - Methamphetamine.
Champ - Drug abuser who won't reveal his supplier, even under pressure.
Charged Up - High on drugs.
Chicken Powder - Amphetamine powder suitable for injection.
Chip; Chipper - To experiment with a drug; use drugs sporadically.
Chipping - Taking small amounts of drugs on an irregular basis.
Chippy - An abuser taking small, irregular amounts; also, prostitute.
Christmas Tree - "Tuinal" capsule.
Clean - To remove seeds and stems from marijuana; to be free from needle marks and not having narcotics in your possession.
Clear Up - Discontinue the use of drugs completely.
Coasting - High on drugs.
Cocktail - Inserting a partially smoked marijuana cigarette into the tip of a regular cigarette so that none of the drug is wasted.
Coke - Cocaine.
Cokie - A cocaine addict.
Cold Turkey - Breaking the habit of using an addictive drug without the aid of proper medical supervision.
Columbian Pink - A highly potent form of marijuana.
Come Down - To return from a "trip".
Connect - To buy drugs.
Connection - Source of supply for drugs, usually refers to a person.
Conrad - A peddler of drugs, usually pills.

Blue Cheer - Type of LSD.
Blue Devils - "Amytal" (brand of amobarbital, Eli Lilly & Co.) capsules.
Blue Velvet - Paregoric and an antihistamine
Bogart - To "Bogart a joint" is either to salivate upon or to retain (and not pass around) a marijuana cigarette.
Bombed - High on drugs.
Bom bida - Injectible amphetamine.
Boo - Cannabis.
Booster - Consumption or injection of an additional dosage of drugs; to continue or to prolong a "trip."
Bottle Dealer - Person who sells drugs in 1,000 tablets or capsule bottles.
Boxed - In jail.
Boy - Heroin, cocaine.
Bread - Money.
Brick - Kilo of marijuana in compressed, hard brick form.
Bridge - See "Roach Holder"
Bull - Federal Narcotics Agent
Bummer; Bum Trip - A "bad trip"; adverse reaction to drugs, especially LSD.
Bush - Marijuana
Burn - To accept money and give no drugs in return, or to burn skin injecting drugs.
Burned - Used to describe the purchase of poor quality drugs, diluted drugs or no drugs at all.
Busted - Arrested.
Button - Peyote buttons; Mescaline.
(To) Buzz - Attempt to buy drugs.
Can - A specific amount of marijuana; usually one ounce.
Candy - Barbiturates.
Cannabinol - See "THC"

Contact High - The feeling of getting high on drugs simply by being in contact with a person who is on drugs.
Cook - To prepare opium for smoking.
Cooker - Device, usually a bottle cap, for heating drug powder with water in preparation for injection.
Cool - Bottle cap for heating drug powder with water.
Cop - To buy drugs.
Cope - To handle oneself effectively while under the influence of drugs.
Co-Pilot - Amphetamine tablets.
Cop-Out - To confess, alibi.
Corine - Cocaine.
Cotics - Narcotics.
Crash - To complete a drug experience, especially marijuana or amphetamine, by sleeping.
Cash Pad - Temporary residence used to end drug experience.
Crazy - Exciting, "in the know", enjoyable.
Crutch - See "Roach Holder".
Crystal - Methedrine (methamphetamine), "speed" or other amphetamine.
Crystal Blue Persuasion - Type of hallucinogen, usually LSD or mescaline.
Crystals - Amphetamine powder for injection.
Cube - Sugar cube impregnated with LSD.
Cut - To dilute a narcotic powder with sugar, talcum, flour, etc.
"D" - LSD.
Dabble - To use small amounts of drugs on an irregular basis.
Dauber - A person who uses drugs infrequently.
Dealer - A drug supplier.
Deck - A small packet of narcotics.
Dexies - Dextramphetamine sulfate or amphetamine tablets.
Dime Bag - A ten-dollar purchase of narcotics.

DMT - Dimethyltryptamine, a psychedelic, nicknamed "the businessman's LSD".
Doing - The taking of a drug.
Doing Your Thing - Doing what seems best to you; finding your "bag".
Dollies - "Dolophine" tablets.
Domiro - To purchase drugs.
Dope - Any drug.
Doper -Drug user.
Dotting - Placing LSD on a sugar cube.
Double Cross - Amphetamine tablets that are double scored.
Double Trouble - "Tuinal" capsules.
Down - Someone or something that depresses a person who is under the influence of drugs.
Downer - A depressant drug, either barbiturates or tranquilizers.
Dreamer - One who takes opiates or morphine.
Drop - Take pills, especially LSD or mascaline.
Dropped - Arrested.
Dust - Cocaine.
Factory - Equipment for injecting drugs.
Fat - Word used to describe someone who has a good supply of drugs.
Fine Stuff - Drugs of unusually high quality.
Fit; Outfit - See "Artillery".
Fix - To inject drugs or to take a dose of a particular drug.
Flake - Cocaine.
Flash - The intense feeling the user has just after using drugs.
Flashback - Recurrence of the drug reaction without having taken the drug again. Can happen months later with LSD.
Flea Powder - Poor quality narcotics.
Flip-Out - Extremely high on drugs.
Floating - Under the influence of drugs.
Flush - The initial feeling the user gets when injecting a drug like methamphetamine.
Flying High - High on drugs.
Flynn - See "Bummer".
Footballs - Oval-shaped amphetamine sulfate tablets.
Forwards - Pep pills, especially amphetamines.
Freak - One who uses drugs to the point of loss of reality, especially referring to a "speed freak" who is a heavy Methedrine user.
Freak Out - To lose all contact with reality.
Freak Trip - Adverse drug reaction, especially with LSD.
Fresh and Sweet - Out of jail.
Fuzz - The police.
Gage - Marijuana.
Garbage - Poor quality drugs.
Gassing - Gas sniffing.
Gee-head - Paregoric abuser.
Geetis - Money.
Geezer - A narcotic injection.
General - Experienced drug user, sometimes ranked by the number of stars...as "5-Star" etc.
Getting Off - Initial effect of taking drugs.
Gimmicks - Equipment for injecting drugs.
Glad Rag - Cloth soaked with glue for sniffing.
Gluey - Glue sniffer.
Go - To participate freely in the drug world.
Gold Dust - Cocaine.
Going Up - The initial effect of taking drugs.
Good Go - A good or reliable dealer in drugs.
Goods - Narcotics.
Goofballs - Barbiturates in capsule form.
Goofer - One who uses pills.
Gow-Head - An opium addict.
Grass - Marijuana.

Grasshopper - Marijuana user.
Grass Brownies - Cookies containing cannabis.
Greens - Green, heart-shaped tablets of dex - tro-amphetamine sulfate and amobarbital.
Griefo - Marijuana.
Groovy - Good; "Out of sight".
Guide - One who "babysits" with a novice when he goes up on a psychedelic substance.
Gun - Equipment for injecting drugs; also, to put mouth over the lit end of a pipe or cigarette containing marijuana and to blow the smoke into the mouth or nostrils of another person, to "shoot a gun".
Guru - A "general" or experienced drug user.
H - Heroin.
Habit - Addiction to drugs.
Hand-to-Hand - Delivery of narcotics person-to-person.
Hang-Up - A personal problem.
Hard Stuff - Hard narcotics.
Harry - Heroin.
Hash, Hashish - Resin from the Cannabis Indica plant which contains a very high tetranhydrocannabinol content.
Hay - Marijuana.
Head - Chronic user of a drug.
Hearts - "Benzedrine" or "Dexedrine" (brands of amphetamine sulfate and dextroamphetamine sulfate, Smith Kline & French Labs) heart-shaped tablets.
Heat - The police.
Heavenly Blue - Type of LSD.
Heavy - Something highly emotional.
Hemp - Marijuana.
High - Under the influence of a drug, especially a stimulant.
Hit - One dose of a particular drug.
Hocus - Narcotic solution ready for injection.
Hog - A drug user who takes all and any drugs that he can get his hands on.
Holding - Possession of drugs.
Hooked - Addicted to a drug or drugs.
Hophead - Narcotic addict.
Hopped Up - Under the influence of drugs.
Horning - Sniffing drugs through the nasal passage.
Kicks - A drug experience.
Kilo - 2.2 pounds of drugs, usually marijuana.
"L" - LSD.
Laid Out - Being informed on.
Lame - Not very smart in drug dealings.
Laotian Green - Highly potent form of marijuana.
Layout - See "Artillery".
Lean - A non-drug user.
Lid - An amount of drugs, usually slightly more than an ounce.
Lipton - Poor quality marijuana.
Lit-up - High on drugs.
Loaded - High on drugs.
Locoweed - Marijuana.
Machinery - See "Artillery".
Magic Mushroom - Psilocybin.
Main-Line - Intravenous injection of drugs.
Make a buy - To purchase drugs.
Make a meet - To purchase drugs.
Make it - Attempt to buy drugs.
Man - The police.
Horse - Heroin.
Hot - Wanted by the police.
Hot Shot - Fatal dosage of a drug.
Hype - A person who injects drugs; a narcotic addict.
Ice Cream Habit - Irregular use of drugs.
J or Jay - Marijuana cigarette.

Jar Dealer - A person who sells drugs in 1,000 tablets or capsule bottles.
Job - To inject drugs.
Jive - Marijuana.
Joint - A marijuana cigarette.
Jolt - An injection of narcotics.
Joy Pop - Intermittent injection of one dosage of a drug.
Joy Powder - Heroin.
Jug - 1,000 capsule or tablet bottle of pills.
Junk - Narcotics.
Junkie - Heroin addict.
Kee or Key - Kilo.
Keg - Bottle of 25,000 tablets or capsules.
Kick - To stop using drugs.
Manicure - High-grade marijuana (i.e., no seeds or stems).
Mary Jane - Marijuana.
Matchbox - A small amount.
MDA - A hallucinogen, methyl-e, 4-methylenedioxy-phenethylamine "The Love Pill".
Mellow Yellow - Refers to smoking banana skins; a hoax, as they contain no mind altering drugs.
Meth - Methamphetamine; "Methedrine".
Mezz - Marijuana.
Mickey; Mickey Finn - Chloral hydrate.
Mind Blower - Pure, unadulterated drugs.
Miss Emma - Morphine.
Mojo - Narcotics.
Monkey - A drug habit where physical dependence is present.
Mor a grifa - Marijuana.
Mule - A person who delivers or carries a drug for a dealer.
Mutah - Marijuana.
Narcotic - Refers to the natural and synthetic derivatives of opium (morphine, heroin, codeine); not a synonym for drugs.
N ark - Narcotics agent.
Needle - Hypodermic needle.
Nickel (bag) - $5.00 worth of drugs.
Nimby - "Nembutal" capsules, brand of phenobarbital.
Number - Marijuana cigarette.
O.D. - Overdose of drugs.
On a trip - Under the influence of LSD or other hallucinogens.
On the Nod; On the Beam - High on drugs, especially heroin or morphine.
On the Street - Out of jail.
Ope - Opium.
Oranges - "Dexedrine" tablets.
Outfit - See "Artillery".
Out of It - Not in contact, not part of the drug scene.
Out of Sight - Good; groovy; a positive descriptive term.
OZ; Ounce - An ounce of drugs.
Panama Red - A potent type of marijuana.
Panic - Refers to condition when the drug supply has been cut off (usually caused by the arrest of a big peddler; a scarcity of drugs.
Paper - A prescription or packet of narcotics.
Peace Pill; P.C.P. - Phencyclidine.
Peaches - "Benzedrine" tablets.
Peanuts - Barbiturates.
Per - A prescription.
Peter - Chloral hydrate.
PEZ - PEZ candies impregnated with LSD.
P.G. or P.O. - Paregoric.
Pig - See "Hog".
Piece - A container of drugs.
Pill Head; Pilly - Amphetamine or barbiturate user.

Pinks; Pink Ladies - "Seconal" tablets.
Plant - A cache of narcotics.
Point - Hypodermic needle.
Poke - A puff on a marijuana cigarette.
Pop - A subcutaneous injection of drugs.
Popper - See "Amy".
Pot - Marijuana.
Pothead - Regular marijuana user.
Pot Likker - Cannabis tea, usually made with regular tea boiled with cannabis leaves.
Psychedelic - Means a drug whose actions primarily affect the mind; i.e., "mind-manifesting" (LSD, marijuana, etc.).
Pusher - One who sells.
Put Down - Stop taking (drugs).
Quarter - Quarter of an ounce of either heroin or meth, usually 4 to 8 grams.
Quill - Folded matchbox cover through which drugs are sniffed.
Rainbows - "Tuinal" tablets.
Reader - A prescription.
Reds, Red, Red Devils - "Seconal" tablets.
Reds and Blues - "Tuinal" capsules.
Reefer - A marijuana cigarette.
Register - To wait until blood comes into the hypodermic needle before injecting a drug intravenously.
Righteous - Good quality drugs.
Rip Off - To forcibly rob a peddler of his drugs or his money; also, to be fined for illegal drug use, possession or sale.
Roach - Small butt of a marijuana cigarette.
Roach Holder (Clip) - Device for holding a "roach" so that one's fingers are not burned.
Roll, Roll Deck - A tin foil wrapped roll of tablets or capsules.
Roll Dealer - A person who sells tablets in rolls.
Rope - Marijuana.
Roses - "Benzedrine" tablets.
Run - To take drugs continuously for at least three days, but usually for a week or more; or to inject drugs.
Rush - See "Flash".
Sam - Federal narcotic agents.
Satch Cotton - Cotton used to strain drugs before injection.
Scat; Scot; Schmeck - Heroin.
Score - Make a drug purchase.
Script - Drug prescription.
Seggy - "Seconal" (Brand of secobarbital, Eli Lilly and Company) capsules.
Shooting Gallery - Place where drugs are injected.
Shoot Up - To inject drugs.
Shot - An injection of a drug.
Skin Popping - Intradermal or subcutaneous injection of a drug.
Slammed - In jail.
Sleepers - A depressant drug.
Smack - Heroin.
Sniff - To sniff narcotics (usually heroin or cocaine) through the nose.
Smashed - High on drugs.
Snapped - See "Amy".
Sniffing; Snorting - See "Horning".
Snitch - Informer, stoolie.
Snow - Cocaine.
Snowbird - Cocaine user.
Source - Where drugs can be obtained.
Spaced; Spaced Out - High on drugs.
Spatz - Capsules.
Speed - Originally restricted to mean "Methedrine"; now used to refer to any stimulant.

Speedball - An injection which combines a stimulant and depressant; often cocaine mixed with morphine or heroin.
Spike - Hypodermic needle.
Splash - Speed.
Split - To leave, flee, break up with.
Square - A person who does not know what's happening; a non-user.
Spoon - A quantity of heroin, measured in a teaspoon.
Star Dust - Cocaine.
Stash - A cache of drugs.
Stick - A marijuana cigarette.
Stoned - High on drugs.
Stoolie - Informer.
STP - Hallucinogenic drugs - the initials stand for Serenity, Tranquility and Peace.
Straight - A non-user of drugs.
Strung Out - Heavily addicted to drugs.
Stuff - Drugs in general.
Sugar - Powdered narcotics.
Swingman - A drug supplier.
Syndicate Acid - STP.
T; Tea - Marijuana
Taste - A small sample of a narcotic.
TD Caps - Time disintegrating capsules.
Texas Tea - Marijuana.
Thoroughbred - Peddler who sells pure, high quality drugs.
Toke Up - To light a marijuana cigarette.
Tooies - Tuinal capsules.
Torn Up - Intoxicated, stoned.
Tracks - A series of puncture wounds in the veins which are caused by the continued injection of drugs.
Travel Agent - A pusher of hallucinogenic drugs.

Whiskers - Federal narcotic agents.
(Where Its) At - Where (drug) action is taking place.
Whites; Whities - Amphetamine tablets.
White Stuff - Morphine.
Wig Out; Wigging - See "Flip Out".
Works - See "Artillery".
Wrecked - High on Drugs.
Yellow-Jackets - "Nembutal" (brand of pentobarbital (Abbott Laboratories) capsules -- solid yellow).

Trigger - To smoke a marijuana cigarette immediately after taking LSD, mescaline or psilocybin.
Trip - The experience felt by a person while he is under the influence of drugs, particularly LSD and mescaline.
Truckdriver - Amphetamine.
Turkey - A capsule purported to be narcotic but filled with a non-narcotic substance.
Turn On - To use drugs or to induce another person to use drugs.
Turned Off - Withdrawn from drugs.
Turned On - Under the influence of drugs.
"Turn On, Tune In, Drop Out" - Take LSD, learn about the "real" world and drop out of the non-drugged world.
Twenty-Five (25) - Most pure and potent form of LSD.
Uncle - Federal narcotic agent.
Up; Upper - Amphetamine.
Up Tight - Angry, anxious (also, may rarely be used to mean good, as in the words to a song "Everything's up tight, out of sight").
User - One who uses drugs.
Vibs, Vibrations - Feelings coming from another; may be good or bad vibs.
Wag - Cloth soaked with glue for sniffing.
Wake-ups - Amphetamines.
Washed-up - Withdrawn from drugs.
Wasted - High on drugs.
Way Out - High on drugs.
Wedges - Small tablets of various drugs.
Weed - Marijuana.
Weed-head - Marijuana user.
Weekend Habit - Irregular drug use.
Weird - High on drugs.
West Coast Turn-Arounds - Amphetamine tablets or capsules.

*Chart Listing Drugs, Medical Uses, Symptoms Produced And Their Dependence Potential**

(Question marks indicate conflict of opinion)

Name	Slang name	Chemical or trade name	Source	Classification	Medical Use	How taken	Usual Dose	Duration of Effect	Effects sought	Long term symptoms	Physical dependence potential	Mental dependence potential	Organic damage potential
Heroin	H., Horse, Scat, Junk, Smack, Scag, Stuff, Harry	Diacetylmorphine	Semi-Synthetic (from Morphine)	Narcotic	Pain relief	Injected or Sniffed	Varies	4 hrs	Euphoria, Prevent withdrawal discomfort	Addiction Constipation, Loss of Appetite	Yes	Yes	No
Morphine	White stuff M	Morphine sulphate	Natural (from Opium)	Narcotic	Pain relief	Swallowed or Injected	15 Milligrams	6 hrs	Euphoria, Prevent withdrawal discomfort	Addiction Constipation, Loss of Appetite	Yes	Yes	No
Codeine	Schoolboy	Methylmorphine	Natural (from Opium), Semi-Synthetic (from Morphine)	Narcotic	Ease Pain and coughing	Swallowed	30 Milligrams	4 hrs	Euphoria, Prevent withdrawal discomfort	Addiction Constipation, Loss of Appetite	Yes	Yes	No
Methadone	Dolly	Dolophine Amidone	Synthetic	Narcotic	Pain relief	Swallowed or Injected	10 Milligrams	4–6 hrs.	Prevent withdrawal discomfort	Addiction Constipation, Loss of Appetite	Yes	Yes	No
Cocaine	Corrine, Gold Dust, Coke, Bernice, Flake, Star, Dust, Snow	Methylester of benzoylecgonine	Natural (from coca, NOT cacao)	Stimulant, Local Anesthesia	Local Anesthesia	Sniffed, Injected or Swallowed	Varies	Varies, Short	Excitation Talkativeness	Depression Convulsions	No	Yes	Yes?
Marijuana	Pot, Grass, Hashish, Tea, Gage, Reefers	Cannabis sativa	Natural	Relaxant, Euphoriant, In high doses Hallucinogen	None in U.S.	Smoked, Swallowed, or Sniffed	1–2 Cigarettes	4 hrs.	Relaxation, increased euphoria, Perceptions Sociability	Usually None	No	Yes?	No
Barbiturates	Barbs, Blue Devils, Candy, Yellow Jackets, Phennies, Peanuts, Blue Heavens	Phenobarbital, Nembutal, Seconal, Amytal	Synthetic	Sedative-hypnotic	Sedation, Relieve high blood pressure, epilepsy, hyperthyroidism	Swallowed or Injected	50–100 Milligrams	4 hrs.	Anxiety reduction, Euphoria	Addiction w/ severe withdrawal symptoms Possible convulsions, toxic psychosis	Yes	Yes	Yes
Amphetamines	Bennies, Dexies, Speed, Wake Ups, Lid Proppers, Hearts, Pep Pills	Benzedrine, Dexedrine, Desoxyn, Methamphetamine, Methedrine	Synthetic	Sympathomimetic	Relieve mild depression, control appetite and narcolepsy	Swallowed or Injected	2.5–5 Milligrams	4 hrs.	Alertness Activeness	Loss of Appetite, Delusions Hallucinations Toxic psychosis	No?	Yes	Yes?
LSD	Acid, Sugar, Big D, Cubes, Trips	d-lysergic acid diethylamide	Semi-Synthetic (from ergot alkaloids)	Hallucinogen	Experimental study of mental function, alcoholism	Swallowed	100–500 Micrograms	10 hrs.	Insightful experiences, exhilaration, Distortion of senses	May intensify existing psychosis, panic reactions	No	No?	No?
DMT	AMT, Businessman's High	Dimethyltriptamine	Synthetic	Hallucinogen	None	Injected	1–3 Milligram	Less than 1 hr.	Insightful experiences, exhilaration, Distortion of senses	? — x	No	No?	No?
Mescaline	Mesc	3,4,5-trimethoxyphenethylamine	Natural (from Peyote)	Hallucinogen	None	Swallowed	350 Micrograms	12 hrs.	Insightful experiences, exhilaration, Distortion of senses	? — x	No	No?	No?
Psilocybin		3 (2-dimethylamino) ethylindol-4 oldihydrogen phosphate	Natural (from Psilocybe)	Hallucinogen	None	Swallowed	25 Milligrams	6–8 hrs.	Insightful experiences, exhilaration, Distortion of senses	? — x	No	No?	No?
Alcohol	Booze, Juice, etc.	Ethanol ethyl alcohol	Natural (from grapes, grains, etc. via fermentation)	Sedative hypnotic	Solvent, Antiseptic	Swallowed	Varies	1–4 hrs.	Sense alteration, Anxiety reduction, Sociability	Cirrhosis Toxic psychosis Neurologic damage, Addiction	Yes	Yes	Yes
Tobacco	Fag, Coffin, Nail, etc.	Nicotina tabacum	Natural	Stimulant-sedative	Sedative, Emetic (nicotine)	Smoked, Sniffed, Chewed	Varies	Varies	Calmness Sociability	Emphysema, Lung Cancer, mouth & throat cancer, cardiovascular damage, loss of appetite	Yes?	Yes	Yes
Miscellaneous Glue Gasoline Amyl nitrite Antihistaminics Nutmeg Nonprescription "sedatives"		Varies	Varies	Stimulant-sedative	None except for anti-histamines used for allergy & amyl nitrite for some episodes of fainting	Inhalation Swallowing	Varies 1–2 ampules 25–50 mg. Varies	Varies	When used for mind alteration generally produces a "high" (euphoria) with impaired coordination & judgment	Varies—some of the substances can seriously damage the liver or kidney	No	Yes	Yes

**Permission to reprint the following material which appeared in the Resource Book for Drug Abuse Education has been obtained from the National Institute of Mental Health*

Mr. WINN. Mr. Chairman, I would like to take this opportunity to introduce two legislators from our community that have come in the room since the hearings began this morning.

I would like to introduce Mayor Margaret Jordan of Leawood, in the back. Mrs. Jordan, nice having you with us.

Chairman PEPPER. Mayor Jordan, we welcome you. We are delighted you could come.

Mr. WINN. Commissioner J. G. Novak of the third district, from Wyandotte County.

Mr. Novak.

Mr. NOVAK. Thank you very much.

Chairman PEPPER. We are very glad to have you, Mr. Novak.

We are pleased to have you remain.

Would you like to say anything?

STATEMENT OF J. G. NOVAK, COMMISSIONER, THIRD DISTRICT, WYANDOTTE COUNTY, KANS.

Mr. NOVAK. Nothing other than, of course, I am very much interested in the drug abuse problem. I suppose I am interested as a parent, and, of course, I am also interested as a public official.

Chairman PEPPER. Excuse me, Mr. Novak, why don't you come up here so you can be heard. We will be glad to have you make any statement you would like to make.

Mr. NOVAK. My remarks, Mr. Chairman, of course, would be very brief. I am simply here to listen and observe.

As I indicated, I am very much concerned about the drug abuse problem. I am also concerned as a parent regarding this matter and as a public official.

I would like this committee to know, or anyone in the area for that matter, that if the county can avail its services, whether it be to the school board or whomever, we would be certainly happy to do so.

I just wondered if perhaps there might be a report that might be available to the county regarding to the hearings that are being conducted here in Kansas City, Kans.

Chairman PEPPER. Yes. In due course, these hearings will be written up by the reporter and printed, and Mr. Winn would be glad, I am sure, to furnish you copies of the hearings, these and others we have had in other parts of the country.

Mr. NOVAK. I would appreciate it very much.

Chairman PEPPER. Good. Glad to have had you.

Mr. WINN. Thank you, Commissioner. It is always nice to have public officials interested in the same problems that this committee is interested in.

Mr. Chairman, Mayor Jordan is in the back of the room, and I just wondered if she might like to make any comments on her interest in these hearings or the drug problem.

Chairman PEPPER. Yes. Will you not come forward?

We would be glad to hear you. We are delighted to have you.

STATEMENT OF HON. MARGARET W. JORDAN, MAYOR, LEAWOOD, KANS.

Mayor JORDAN. Thank you, sir.

I have just recently attended a 3-day drug-abuse seminar held in Kansas City, Kans., by the Governors' committee, the Wichita Drug Abuse Conference, and I am particularly aware of the fact that in Johnson County we have a problem that will probably engulf us unless we mount immediately a multipronged attack.

We feel that this involves just the spectrum you have chosen to interview here, and we have endeavored by the appointment of a steering committee representing citizens, education, rehabilitation, probation, law enforcement, and the judiciary, to formulate a program that will make it possible for us to keep abreast of the problem now and, hopefully, bring it under control.

I have just made the request of Dr. Ball—I have made the request of other law enforcement agencies throughout the county, as the district attorney-elect for Johnson County, I think you gentlemen can understand this problem will probably affect me more deeply in this particular area than almost anyone else that is in the room.

The consensus of opinion among the citizens, the educators, the doctors, the law enforcement community with whom we spent 3 days was that any branch operating alone will be ineffective. There is obviously a problem; it is far more than law enforcement alone can be expected to cope with. It is obviously a problem that has gotten far ahead of some of our programs in education.

I also speak as the mother of a teenage daughter in Shawnee Mission East, and a son who was there up to approximately a year ago. I also speak as a defense attorney who has spent 7 years in the practice of criminal law in Johnson County, and as a mayor I speak as the head of the law enforcement team of my city. I have seen it from every angle, and gentlemen, frankly, I am deeply, deeply disturbed.

I think, as district attorney, that this is not exclusively a problem of my office, but I would certainly hope that by obtaining a focus on this problem within the next few months it would render the efforts of the prosecution much more effective and would serve to bind together those elements within the county that will be required to serve the community as a whole, not only voluntarily but enthusiastically.

I have evidence that this type of cooperation is available to us here, and I would hope that within the near future that we can report a plan. The problem, as I am sure you realize, is the funding. It would take truly tremendous amounts of money. It is not available to us now. We are hopeful it will be. But I can assure you that those funds which do come in for our solution of this problem will be wisely and effectively spent.

Thank you.

Mr. WINN. Thank you, Margaret.

I would like to point out that Mrs. Jordan is a Republican and Commissioner Novak is a Democrat. Mrs. Jordan has been nominated to be the district attorney and is unopposed. Am I right?

Mayor JORDAN. That is correct.

Mr. WINN. She is unopposed in the general election.

I would like to tell you, Margaret, that yesterday I made the statement—and you might have missed it—that there is some Federal funding coming to the Kansas City, Mo., side under an agency called SAODAP. I have requested funding for the Kansas side, for Johnson County, and Wyandotte County, under a program called TASC, that you are probably aware of. I did not know until a few days ago that the Kansas side had not been funded.

But, as I pointed out, it would be impossible to have a well-rounded drug education program and all of the programs like TASC and SAODAP that deal with the courts and prosecution and most of the agencies that you involve, without having funding on the Kansas side. So, I have made a request for funding over here at the same time. I thought you would like to know that.

Mayor JORDAN. I certainly would, and I appreciate it.

Mr. WINN. Thank you.

Mayor JORDAN. I would like also to say that I wish to emphasize that we do not place entire reliance on Federal funding, because the plans at present call for going to an industrial community which has had serious problems with drug abuse among adults and to involve their program so that every spectrum of the community is covered.

Chairman PEPPER. Mayor, I know you are going to be an innovative holder of the important office that you have been nominated to and now have no opposition for. We found the Cook County prosecutor's office in Illinois to be carrying out a very interesting program where those who were arrested for the first time for drug-related crimes were suspended as to trial or adjudication while they gave them a seminar program and worked with them to try to provide treatment and rehabilitation for them, while they could set and hold the pressure of prosecution over them. They were able to get, they thought, pretty good results in keeping those people from being repeaters of the offenses for which they had been arrested.

So, I know you will find interesting programs in various parts of the country, and I am sure your concern about this general problem will lead you to develop many innovative programs of your own to try to help these young people who have fallen into the tragedy of drug abuse.

Thank you very much for coming.

Mayor JORDAN. Thank you, sir.

Mr. WINN. I will be glad to send you copies of the hearings, too, when the transcript is printed.

Mayor JORDAN. Thank you. I would appreciate that.

Chairman PEPPER. We will take a 5-minute recess to accommodate the reporter.

(A brief recess was taken.)

Chairman PEPPER. The committee will come to order, please.

Mr. Counsel, will you proceed?

Mr. PHILLIPS. Mr. Chairman, the next witnesses are a panel of school officials from Wyandotte County; Dr. Plucker, who is the superintendent of schools; and Mr. Fred Kohl, who is the director of physical education and who is responsible for the drug education program.

STATEMENT OF DR. O. L. PLUCKER, SUPERINTENDENT OF SCHOOLS, KANSAS CITY, KANS.; ACCOMPANIED BY FRED B. KOHL, DIRECTOR, PHYSICAL EDUCATION, HEALTH, AND SAFETY

Mr. **Phillips.** Dr. Plucker, could you give us your view as to what you think the scope of the drug abuse problem is among teenagers who are attending schools in your particular county?

Dr. **Plucker.** Well, there are no statistics that I know of that have any real reliability, but I have no doubt that it is a matter of serious concern, of significant dimensions in the sense that if any children are involved, obviously, it is serious.

There are no hard data that I know of with respect to percentages or anything of that sort.

Mr. **Phillips.** Could you tell us whether or not your particular school district conducted a survey similar to the one the Johnson County people conducted?

Dr. **Plucker.** I am not aware of the Johnson County survey in the sense that there are any significant or hard data there, and, certainly, we have no survey that I know of that has any hard data.

Mr. **Phillips.** Essentially, they did conduct a survey. I have the report of the statistical breakdown, conducted in 1970, and I asked the superintendent this morning why hadn't they continued, and he said that probably one reason was money.

In some counties, San Mateo County, Calif., they do it every year, and they are able, by doing that, to judge the amount of drugs being used or abused in those particular communities, as well as to evaluate the programs they had and whether they were effective or not.

Has the possibility of fact or suggestion been made to your board by you or by anyone else that some type of survey should be conducted in the schools to determine what the extent of drug abuse is?

Dr. **Plucker.** We have not made a survey as such.

Mr. **Phillips.** Has it been discussed?

Dr. **Plucker.** We have talked about ways of approaching it. We have not found any way we know of to secure any kind of valid information on it. That is about where it stands. No.

Mr. **Phillips.** Have you ever had reports from your principals, or teachers, or anyone to you at your level indicating the extent of drug abuse they view in the schools?

Dr. **Plucker.** Not as statistical reports. Certainly, we have had a good many discussions and reviews of what the situation is in various schools, but, in terms of a statistical report, no.

Mr. **Phillips.** What is the impression you are getting from these conversations, reports, that you are receiving, if there are any?

Dr. **Plucker.** I think the general impression is that there are problems in some areas. In fact, in all areas there are problems, and they are serious enough to warrant certainly very careful attention.

Mr. **Phillips.** Could you tell us what has been done about these problems?

Dr. **Plucker.** There are several different approaches that we have used. Of course, we have tried to work as completely as we can with the State, through the Governors' Conference, and the followup programs on it. We have had for our staff various programs of inservice education for teachers, principals, and others.

We have purchased and distributed large quantities of various kinds of informational material for staff members for use in drug education programs.

We have attempted in every way possible to cooperate with law enforcement officials, whether they were State or local officials.

The principals and counselors have attempted to work as closely as possible—and perhaps we ought to put this at the head of the list rather than the bottom—with parents of any youngsters who do have problems that come to the attention of the school.

Mr. PHILLIPS. How many of those problems have come to the attention of your school system?

Dr. PLUCKER. I do not know. The numbers of cases that come to a principal's office or to counselors in individual schools, in many instances those are problems that are handled between the parent and the child. It may involve outside agencies, but there has been a great effort to work as closely with the individual home as we possibly can.

Mr. PHILLIPS. Doctor, that is certainly a legitimate and worthy objective. What I am concerned about is testimony we have heard here and elsewhere in the country that teachers are ignoring the problem. They see kids stoned and under the influence of drugs and they do not bring it to the attention of the principals, and they do not bring it to the attention of the parents. The problem gets worse, and they child becomes seriously involved in a drug problem that might have been averted if he received some counseling sooner.

Do you keep any records at all of how many parents have been advised of a drug problem?

Dr. PLUCKER. We do not maintain nor do not have a statistical summary of the detailed conferences, or the conferences that every principal and every counselor has with parents. No; we do not.

Mr. PHILLIPS. Do you know, in fact, if you have even had one principal advise a parent his child was involved in drugs?

Dr. PLUCKER. Yes.

Mr. PHILLIPS. You say you know of one?

Dr. PLUCKER. No, I did not say I know of one. You asked me whether I know of one. Yes, I do know of one; I know of many more than that, obviously.

Mr. PHILLIPS. Will you tell us about those and what happens in those situations?

Dr. PLUCKER. Well, of course, they vary tremendously.

But we have had instances where youngsters have been, in one way or another we have become aware they have been, using drugs, parents have been involved in discussions; we have counseled with the parents; principals or vice principals or counselors, as the case might be, have worked with the parents and those children. We have referred, in some instances, those children to the University of Kansas Medical School Center and Dr. McKnelly's program.

Some of them in other instances have been referred to Wyandotte County family service programs.

Actually, there is, I would say, a dearth of very effective agencies to which these kids can be referred.

Mr. PHILLIPS. Isn't it true there are not any?

Dr. McKnelly's program is a methadone maintenance program?

Dr. PLUCKER. That is true.

Mr. PHILLIPS. Which the Federal guidelines call for adult membership. Children are not supposed to be involved with methadone maintenance on a long-term basis.

Most experts in the country feel it is totally undesirable to addict a child to methadone; then only in rare cases would it even be considered

So that Dr. McKnelly's program is not available for you to refer people to, especially children.

What other programs are available?

Dr. PLUCKER. The University of Kansas has worked with the parents in working with their children that they, themselves, may take to the center. I am not aware of the work that is done with those children at that point, because, at that point, it is a concern between the parent and the medical center. The same is true, of course, of the Wyandotte County family services.

Mr. PHILLIPS. I have spoken extensively to Dr. McKnelly, and he never advised me anybody was referred to him from the schools.

Dr. PLUCKER. The school does not make the referral. The parent takes care of that part of it. We do consult with the parents in an attempt to have them take care of that child's problem. But the school does not have the authority to direct a child to any particular service; we do not have that authority.

Mr. PHILLIPS. Do you believe you should have that authority?

Dr. PLUCKER. Well, if there were indeed resources with which the school could work directly, yes, I think under some circumstances the school could and should be in a position to do that, especially where there is a family structure which is not willing or not able to assume that responsibility.

I do feel, though, that one of the critical points that has oftentimes been neglected is that of trying to maintain and strengthen family ties. In much of the discussion that has taken place the emphasis has been on the institutional approach and, of course, as a public agency, we are an institution and are concerned with the institutional approach.

But it is quite easy to try to substitute social agencies and institutions for the family structure and for those elements in society which have had a strong influence on human behavior over the years. It may well be that we are just saying: "Well, families are ineffective, churches should not exist, and we should not consider these factors as having any impact on people at all.

Mr. PHILLIPS. I think, Doctor, you have hit the issue right on the head and, unfortunately in this situation, we are miles apart on philosophy. I agree with you the family is declining in its influence on children; the church is declining in its influence on children; the other factors in society are declining in their influence. And we are looking for the schools to take up the slack other people have perhaps created. I think there is not any other institution that we can look to; and if the schools are not going to pick up the slack, then, the hope for our country is not currently great because the other institutions are just incapable in a lot of ways of picking up that slack.

You can't get people to come to church; you can't educate families too well because they are just not accessible to education. But you can educate children. You can still have them there if the other resources in our society are not applying the full force and weight of their resources.

So, we are left with the school system, and I think you know that the school systems for prior generations, for immigrants, have been the one source where people could achieve for themselves a better life in this country.

If we are going to say the school system does not have the major responsibility in this drug abuse area and that that family has, or that the church has, or that the courts have, then we are going to fail. That is my view.

Your view is different?

Dr. **Plucker**. I appreciate your view. I mean it was a well-expressed point of view, and I understand it very well. I am not ready to chalk off the church as a significant factor in American society. I am well aware that many churches in this country have become little more than social instiutions and have completely abandoned their obligation as religious institutions. I would hope that would not necessarily condemn all churches.

As a public officer, which I am, I am not ready to write off the religious institutions of America, and, as a public officer, I am not ready to condemn and write off the American family, but, as a public officer, I am certainly convinced that we have a job to do but that it must work in cooperation with the whole of society rather than to say that the school become the arbitrator of all of the ills or the resolver of all of the ills.

Mr. **Phillips**. We are not talking about all of the ills, and we are not talking about condemning churches or condemning the family; we are saying that these are the tools we have. The tool of the church is not mandatory; the tool of the family is not available or useful; the tool of the school to effect the problem is available and should be useful.

Dr. **Plucker**. Right.

Mr. **Phillips**. I thought what you were saying to me was that you thought the school emphasis was not the important emphasis, that there were more important emphases elsewhere.

Dr. **Plucker**. No; not at all. I am sorry you misunderstood the point.

Mr. **Phillips**. How many teachers do you have in your school system who are adequately prepared to teach drug education?

Dr. **Plucker**. I think that perhaps is one of the real problems, not just in our school system but nationwide. In terms of adequately prepared, I would say that there are very few people that are adequately prepared to handle this problem.

In fact, I am not confident that we know what "adequately prepared" is. We are searching for ways to adequately prepare.

We have had—I am sure Mr. Kohl can point out in more detail than I—a good many sessions with teachers, the colleges and universities and have merely begun to scratch the very edge of the problem in teacher training. In fact, most of the colleges and universities with which I am familiar have not even begun to make this a significant part of the teacher education program.

That is not to say that the college student who is preparing to be a teacher does not have a great deal of experience in the drug culture on his own.

In fact, that may be a serious problem with respect to the entire teaching profession, and we may want to explore that.

But to say that preparation is adequate is simply to hide one's head in the sand. It is not.

Mr. PHILLIPS. Could you tell us whether you have any drug counselors in the schools.

Dr. PLUCKER. We do not have drug counselors in the schools, no. We do have counselors, but to try to classify them as drug counselors, no.

Mr. PHILLIPS. What about the educational program that you have, if you have one in your schools?

Dr. PLUCKER. I think, probably, Mr. Kohl could deal with that more effectively, since he works with it closely.

Mr. KOHL. Yes, if I might. I would like to comment on one thing, Mr. Phillips.

The program of referral in our schools—this is somewhat under the policy or a general understanding of policy with another person we have employed in our school district, the director of pupil personnel. This gentleman has the responsibility of nurses and counselors and security employees that we have.

Over the years, I think our important, unwritten policy has been: If there is a drug-related problem in the school and the youngster freaks out, or we see evidence of drug use, the first person to notify is the family, and the security officer may be called in ahead of that, but there is a move to work with the counselors and the nurses and the security officers in getting the information to the family.

Mr. PHILLIPS. Assuming that you took the first step, that you have a child freaking out in school—and this apparently is a regular occurrence throughout the country, unfortunately—after you advise the family, what does the school do in relation to that child?

Mr. KOHL. In relation to that, again, our move would be the family, and with the information we would have, it would be to refer to the family doctor or get medical help. We do have another agency for referral in our community, and that is Wyandotte County Mental Health Center. So, this is another opportunity that we have to offer for referral.

Mr. PHILLIPS. I think Dr. Plucker said, concerning the resources available for referral, there is a dearth of them, and we talked about them and there did not seem to be very much at all.

Mr. KOHL. Yes, sir; you are absolutely right.

Mr. PHILLIPS. Essentially, what you are talking about and the way you described it—and it is upsetting to me—is putting a buck slip on a dying child or drowning child. You are bucking him over to some other agency that does not exist. The family is responsible, and, in my view, the school officials are responsible for doing something about that child; and right now you do not have the resources to do it I take it.

Mr. Kohl. No, sir; we don't, quite honestly. And I would say our counselors and teachers, like any other, are inadequately prepared and trained at this time. Dr. Plucker mentioned the teacher training. We have made efforts, many efforts, in this direction. Again, the performance of the teacher or the counselor may be questionable if they are adequate in this vast area of drug education or preventive education.

Mr. Winn. Would the gentleman yield?

Mr. Phillips. Yes, sir.

Mr. Winn. I ought to probably give a little background material on the economic setup for Wyandotte County, as I did in explaining about Johnson County, and Jackson County yesterday.

Wyandotte County schoolchildren would probably fall in three categories: From low income areas, from medium income, and from high income areas. It is a combination of the three.

There is more usage of the various Government agencies in Wyandotte County than there probably are in the other two counties, particularly welfare and agencies of that type.

This might be one of the reasons that Dr. Plucker referred to how they had been referring these people to the various agencies. The reason is that in some cases we have a percentage of fatherless homes where agencies have probably already been working with some of the students.

I do not know that to be a fact, but I would almost bet that it would be factual in some instances.

I just thought the committee ought to have that background material. When they say they have financial problems in the school over here and they do not have the resources, these gentlemen are not kidding you at all. It is a constant problem in the school system over here. They just do not compare at all with facilities in Johnson County.

I might also say at this time that I know Dr. Plucker very well; he has been a longtime friend. I have met Mr. Kohl on several occasions.

Mr. Phillips. I certainly sympathize with your financial difficulties, and I think that is one of the reasons the committee is here, that perhaps the Federal Government has not really investigated the resources to assist the schools in the problems that they have, especially a national problem like drugs.

Could you tell us, essentially, what the scope of your educational program is?

Mr. Kohl. Well, in our program, again, our big thrust would be with health education or human science courses that we have, and these are under curriculum courses of study; we maintain them. And in our courses of study we do have drug education sections.

I would like to comment that at this time, right now, our courses in health education, in junior and senior high schools especially, are due for revision. We write every 5 years, and we have a date of 1968 on the ones we now have; so, this is the year we will revise.

Outside of that, announcements and curriculum materials and handout materials and films and various publications are constanly being funneled into schools and to our health teachers and to our nurses and to our counselors, and I feel that is one of my responsibilities, to evaluate and review some of the more current acceptable material to use in our schools and, also, with committee action at times, to keep

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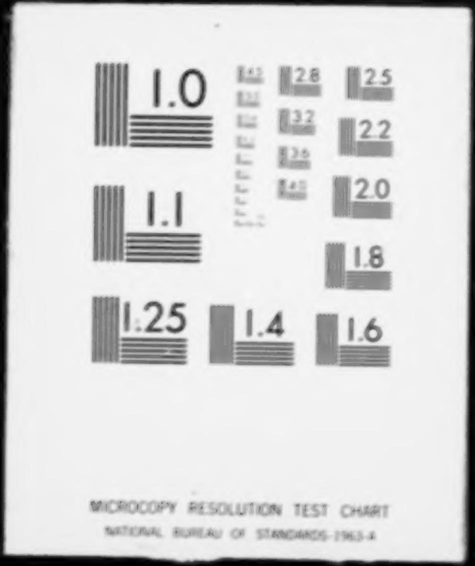
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our schools alert, particularly through the audiovisual means and publications.

Mr. BLOMMER. Mr. Kohl, let me interrupt you there.

What is your annual budget for these audiovisual aids you describe?

Mr. KOHL. One budget is $650; and another budget on supplemental materials is about $250 for books and materials; and another budget for supplemental materials in the schools is about the same, about $250.

Mr. BLOMMER. How many students do you have in senior high school and junior high school?

Mr. KOHL. Secondary schools is about 12,000; 12,000 or 13,000.

Mr. BLOMMER. So that the main thrust of their drug education program is financed to the tune of less than $1,200 a year for all of these thousands of students?

Mr. KOHL. Not necessarily. There is a wealth of free materials available. We capitalize on this, I believe, for some of our informational education. So this would not be the total. That is roughly the amount I would have budgeted for this type of material in the schools.

Mr. WINN. Let me ask a question. The literature and material that is available to you which is free, do your counselors, people in that category, go over this to see if it is really in the language that the students use, or is it something they would laugh at, as we heard yesterday?

Mr. KOHL. Congressman Winn, I think in this area the only rapport or exchange that I think we would have would be with my meeting with the counselors and the nurses after school.

And, yes, this is an on-going program. I am quite often called to talk with the counselors or with the nurses who are again under the direction of another director in our school district, and at that time films and materials are reviewed——

Mr. WINN. Do you ever have any students, either users or nonusers?

Mr. KOHL. No, sir; we haven't.

Mr. WINN. I am trying to get a reaction because when we talk about drug education films and literature in the Shawnee Mission School District, the five previous users we had here yesterday all sort of grinned, laughed, looked at each other; you could tell that it was getting nowhere. In other words, they didn't respect it very much.

Mr. KOHL. Well, sir, it might not on them. I think we sometimes need to look at the straight students in our school. It is very difficult to select materials. If you get into the realm of scare tactics and so forth, I think we have to stick mainly with the accurate informational films and materials that are available and attitudinal developmental ones. These are the ones we feel are most important, developing attitudes and making adequate choices in life.

Here is where we search for materials of this nature that will help a youngster make a choice or decision, or to influence their attitudes.

Mr. WINN. Do you think any of the scare brochures and films are worthy of use at all, in your opinion, or is that the wrong approach?

Mr. KOHL. Well, it might be like driver education. Once in a while a scare film might help a little bit for some people. I wouldn't exclude all scare tactics type of film or audiovisual material. I don't think you ought to concentrate on just a flick of that nature and let it go at that.

Mr. WINN. Thank you.

Mr. KOHL. I personally would prefer all other types of films, especially those that deal with making wise decisions in life and attitudinal adjustments.

Mr. WINN. But do they connect this to drug education at all?

Mr. KOHL. I don't think most of them do, because I believe their peers will tear it up 15 minutes later.

Mr. WINN. That is what I am afraid of. Even if it did sink in, I think they may go out in the hall the next hour or so and say they saw the film and some peer would just clobber it.

Mr. KOHL. I am sure you are right. We cannot rely on scare tactics. You don't scare the risk-age youngsters we are dealing with. I think Dr. McKnelly brought this out. We are in a risk area with these youngsters and you aren't going to scare them.

Mr. WINN. Thank you.

Mr. PHILLIPS. Mr. Kohl, did I understand you to say you are presently working with a curriculum that was written in 1968?

Mr. KOHL. Yes, sir. Our health curriculum was written in 1968.

Mr. PHILLIPS. I take it, then, that your curriculum had little or no emphasis on drugs, as currently we consider them?

Mr. KOHL. Current, yes. This is why I think it is necessary to have a constant feed-in with announcements and so forth, to schools, a constant review of materials that are available, and a feed-in to the teachers. This is done through your in-service meetings, through meetings with your health, that is with health and physical education teachers.

Mr. PHILLIPS. Do I misunderstand you——

Dr. PLUCKER. I think I may be able to—listening, you sometimes hear what is going on between two people.

The materials that were prepared originally in 1968, obviously, form the basic outline. They are not the kind of materials to which a teacher is slavishly bound and, consequently, as new problems and new items come up that need to be included, in Mr. Kohl's meetings with health and physical education people and in the materials distributed from his office, supplementary modifications take place all of the time.

In other words, in any kind of program you put on that 5-year cycle of complete rewriting and revising. If it were to be static for a 5-year period, it would be indeed a tragic thing, whether it is health education or race relations or whatever it might be.

Mr. PHILLIPS. So that there is an updating?

Mr. KOHL. Yes, sir. I think you find some educators—and I would somewhat go along with this—as far as courses of study are concerned, they are outdated by the time they are printed, so you really ought to be more current.

Mr. PHILLIPS. Are you more current, or should you be? I got the impression you felt you should be, but you weren't.

Mr. KOHL. Our course of study isn't current right now, that is, in the written form, itself. But I think we are current with the feed-in of announcements and materials we constantly make available to our teachers and to the school district.

Mr. PHILLIPS. Could you tell me how many teachers you have who have had any specialized training in drug abuse?

Mr. **Kohl**. Well, "specialized," I will have to consider that a little bit. We have had teacher-training workshops for teachers. I can think of several procedures we have endeavored to work with.

Mr. **Phillips**. How many of your teachers have had this training? What percentage or, just roughly, what number?

Mr. **Kohl**. I would think the in-service day program we had 2 years ago, which was involving all elementary and secondary teachers, and our attendance on that was about 50 percent—well, it was 50 percent. This was an in-service day; again an invitational meeting. You get into another area here of what the demand for teacher training is compared with what and when you can get teachers for teacher training.

Mr. **Phillips**. I know the problems. I just asked you about the facts. As I see it, you say that 2 years ago 50 percent of your teachers attended a 1-day lecture, or half-day lecture, or something like that, on in-service training?

Mr. **Kohl**. We had an in-service training day at that time.

Mr. **Phillips**. Does that mean a full day?

Mr. **Kohl**. That was a full-day program. That is where we programed, had speakers like Dr. McKnelly and pharmacologists, law enforcement agents. I handled the curriculum material area.

Mr. **Phillips**. If you had taken that course for 1 day and you were the usual health education teacher, do you feel you would be adequately prepared to teach drug abuse prevention or any other drug abuse areas in a classroom the following day?

Mr. **Kohl**. No; I don't believe I would. Again, I don't know to what extent a person really needs to be trained or involved, but I think it takes many, many hours of service and I think this, again, is what Dr. Plucker is referring to, the inadequate preparation of training of certified teachers. We are talking about some type of integrated program, not just getting a course in drug education going.

This is another one of the programs that the kids get tied up with, and uptight on, that we are trying to coerce them into a drug education program.

Mr. **Phillips**. I don't know the kids would object to this, from what we hear. I think it was in San Francisco or Chicago where a superintendent told us about it. They told us they originally started a drug education program which they made an elective for the children in the high school. The first term they scheduled three sessions and they were oversubscribed.

The next term they had to create nine sessions and they expanded it further as an elective subject. I don't know that you run into difficulty with the children being forced to take the course.

I think they are so far into it already that they need the information to get straightened out.

Mr. **Kohl**. I think possibly you might run into a problem of when to plan it in the total curriculum in the school.

Mr. **Phillips**. I know there are problems. You don't have a K–12 approach to this, you have a high school approach to it?

Mr. **Kohl**. Our approach now and our beginning is at grades 4, 5, and 6.

Mr. **Phillips**. You have health education instruction in grades 4, 5, and 6.

Mr. Kohl. Not in the school, but a program that we are working with now is sponsored by the Kansas City, Kans., Junior League, where we have a team of ladies who volunteered for this type of responsibility, and under training by the Junior League here in the metropolitan area in attendance at workshops. I spend a great deal of time with these ladies, training them, and they go into the schools and take all of the grades 4, 5, and 6 in our schools, at least once, and present programs to them.

Again, it is an introduction. I think it has been more educational to teachers than maybe the children. When they find out what these kids ask in class, they are shattered, and again it might be a good teacher-orientation move, instead of not just necessarily an elementary education approach.

I want to congratulate these ladies that have come into our schools and done a job for the community and not asked for a crying dime and have done a terriffic job of developing a program of instruction in our schools.

At times we find it quite difficult to get teachers to meetings and workshop sessions, and so forth, after the bell rings or on Saturdays, unless they are accredited or paid. These fine people have asked for no quarter, and I think they are to be highly congratulated for community involvement. This, again, is what I think we need most of all.

Mr. Phillips. I think this entire committee would agree with you, Mr. Kohl. I would commend them highly. I certainly do, and I think perhaps you, also, should look at making teachers get into it, and if we have to pay them the extra money, we will just have to pay them the extra money.

I have no other questions.

Dr. Plucker. I would like to comment on just that point. I think it is a very important one.

I think we all agree there is a great need for teacher education in this field and one of the problems that we have, whether it is drug education or anything else in teacher education, is that they work all day and you have to operate the schools. If you are going to add to that schedule in any way, there isn't a great deal of difference from one group of workers to another, and the demand is all right, there is so much involved in compensation.

A school district that is strapped to the last dime for any kind of financing at all, and indeed under limitations from various laws that say you shall not expend any more under any circumstances, it becomes almost impossible to do the kind of training job I think every one of us recognizes is necessary.

Mr. Phillips. If Federal moneys were available for that purpose, would you be willing to undertake the program?

Dr. Plucker. Yes. I would like to comment just a little bit.

Certainly, this is an important category and I wouldn't want to minimize it at all. One of the problems we get into in Federal funding is, in so many instances, they are so narrowly defined as to lay almost impossible constraints on school districts, and then after you have done your very best to try to utilize those funds as effectively as possible——

Chairman Pepper. Are you talking about the categorical grants?

Dr. **Plucker.** Yes; the particular problem of categorically defining these, and I recognize the drug education program is important, but if we get into that, we would need to be very careful that we not create a situation where in effect a school district does the best it can, then new guidelines are written and the school district finds itself in violation of the guidelines which were written after the program was conducted. Obviously, then everybody is painted as some sort of criminal for not having followed the guidelines, which didn't exist when the program was carried on.

You gentlemen, I am sure, are very familiar with that. We are somewhat different in the Shawnee Mission District, in the sense of title I is a very important program here. We have our illustrations that——

Mr. **Phillips.** Could you give us some financial figures to show some dimension of how much title I is helping you?

Dr. **Plucker.** We run a little over $1 million a year in title I aid.

Mr. **Phillips.** That is 1 percent of your budget?

Dr. **Plucker.** Oh, no. That is a good deal more than that. Our total school district budget, that is operating budget, runs slightly over $20 million a year.

Mr. **Phillips.** So it is about 5 percent?

Dr. **Plucker.** Yes.

Mr. **Phillips.** Thank you.

I have no other questions, Mr. Chairman.

Chairman **Pepper.** Mr. Winn.

Mr. **Winn.** Thank you, Mr. Chairman.

I am sort of in a spot here. But I am going to say what I think because I think these gentlemen know I usually do anyway.

First, I would say to you that I have sort of defended their financial problems, and Dr. Plucker has brought it up. I honestly think, from hearings that we have held around the country, that the school district in Wyandotte County is going to have to be more aggressive in this field. I am not saying that you have got your head in the sand, certainly not at all, because of the programs you have described, but at the same time I think there are things like student surveys. And I am very disappointed that you have not been able to furnish to the committee any type of statistical information in the way of survey information that should be available to you, either one of you.

In some past problems that come to my mind, in Wyandotte County, when we have had a couple of demonstrations where they marched down Minnesota Avenue, where the students left school, or some of them right after school, there were articles in the paper, whether the factual information was right or wrong, that some of those students were on drugs and that is why they were participating, or at least they became participants in those marches. Whether they were or not, I think there is a definite problem over here and I think the sooner that the school district in cooperation with the other agencies, including law enforcement, sits down and analyzes it and looks at it and faces the real problem, I think the sooner that you will be able to develop more interest in your drug education programs.

Now, I think without a doubt that the specialized training, Fred, that you referred to, as my counsel gives me background, is that your training is only 1 day a year. Am I wrong on that?

Mr. KOHL. In a teacher inservice situation. I wouldn't say the contact with teachers, as they are related as counselors or nurses or health teachers——

Mr. WINN. I understand that.

Mr. KOHL. This is an ongoing thing. It may be every month.

Mr. WINN. But you are talking about experience.

Mr. KOHL. Yes.

Mr. WINN. I am talking about a training program where they, the teachers, come in and they sit down and they go to a class. Certainly, 1 day a year with the problem that we have in the entire area, to me is not enough. I don't know that all of them participated in 1-day-a-year programs.

Mr. KOHL. Along with that, there are other indicated courses in the area that are being offered by the colleges and universities.

Mr. WINN. I realize that.

Mr. KOHL. A number of people attend these, but as far as our thrust——

Mr. WINN. How many have attended where they get college credits, No. 1? Let's assume they want to learn how to deal with the drug abuse problems.

Second, we know that they are going to go for additional credits, because they can get more money with another degree. How many; what percentage?

Mr. KOHL. Usually these are summer courses and I think we have had around 10 or 12.

Mr. WINN. Out of how many teachers?

Mr. KOHL. Out of all of our faculty of teachers.

Mr. WINN. How many?

Mr. KOHL. 800.

Mr. WINN. 800, and 10 or 12. All right. To me, that is weak. It is just plain weak.

I think there is a place you can sit down with these 800 teachers. I know a lot of these teachers and they are concerned, and unless the school district gives the leadership and says, "Look, here is the problem, we do have a problem and we have all got to become more aware, we have got to do a better job." Who teaches the in-service training?

I may have misunderstood your comments but I got the idea, that it isn't a strong, well-organized instructor program.

Mr. KOHL. Well, as far as the in-service workshop programs are concerned, we bring in outsiders, like Dr. McKnelly or someone in the area of expertise of pharmacology, or law enforcement agency, drug users, young people from——

Mr. WINN. Where do you get your drug users? How do you find them?

Mr. KOHL. Our programs, again, have been from the area, such as the Asthetic Umbrella is an organization we have used. One program we have is with a young man, Frank Robara——

Mr. WINN. I have heard Frank several times.

Mr. KOHL (continuing). A church-oriented program. We have had Frankie and Phil Hagen, his father-in-law, in our school on the basis of 150 students. He has spent a lot of time with teachers and students in the school, has come back on other occasions for PTA meetings and teacher meetings, and so forth. This, again, is at the school level and at their expression.

But we called upon area people of this type. I think it is very important where you have a drug workshop, you involve your teachers and others with the drug user.

Mr. **Winn.** I don't question that. I think they have got to talk to drug users and I have heard Frankie speak several times. He makes a good presentation, but I would hope that you would get others that are in school. Frankie does not really, as I remember his background, qualify as a student.

Mr. **Kohl.** No.

Mr. **Winn.** He is not a Kansan, either. He is from Chicago.

Mr. **Kohl.** New York.

Mr. **Winn.** Is it New York? I was thinking of Chicago.

I can only urge, Dr. Plucker, that we try to do everything to keep better records. I think there is going to be a stage, we are probably way past that right now, where the cooperative effort with the law enforcement officers, the agencies and everyone, to have to do a very thorough job. I don't see how anybody can do a thorough record-keeping treatment if you do send them to Dr. McKnelly or any one of the medical people, psychologists, sociologists, whoever they might be, without some kind of records, just like our own doctors keep on all of us. If the schools are not adding to that record on attendance and classes, whether they are dropouts, teacher opinions, grades, any skirmishes or fights, anything that might show up in their classes, I think it is going to be very helpful to whomever we delegate that final authority.

And this doesn't cost a lot of money. I can't believe that this would be a very expensive operation in the office. It might be, but I can't believe that it would take that much additional time.

I know your office people and your nurses are swamped in all of your schools. I don't believe you have nurses in all of your schools, do you?

Dr. **Plucker.** We operate with nurses. They will serve more than one building, especially with respect to elementary schools, yes.

Mr. **Winn.** Yes. That is another one of the problems this committee has run into time and time again. We found out that when they find there is a student on drugs, that in some cases they send them to the nurse, and the nurse may or may not be trained in drug education and may or may not spot the symptoms, probably more often does than not, but has no real way of treating them except "lie down and take a couple of aspirins."

We laugh at it, but this is what we hear all across the country. The nurse doesn't want to become a law enforcement officer. She is not going to go through their clothing to see if they are using drugs, or if they have any on them. She probably can't analyze what type of drugs they have been using, and I don't know that she has the right to do a urinalysis. I doubt it.

Dr. **Plucker.** I would doubt that.

Mr. **Winn.** We may be throwing an awful load on these nurses.

Dr. **Plucker.** But it is very important in every instance where it is at all possible, in every instance where something like that arises, that there be an involvement of the family, that that case be brought to the attention of parents.

Mr. **Winn.** Do they do this?

Dr. **Plucker.** Yes.

Mr. **Winn.** How do they do it? Do they call and say, "Your son is stoned here in my office"?

Dr. **Plucker.** This depends on the circumstances, obviously, and they vary tremendously. But in every instance where there is suspected problems with the youngster in school the principal or vice principal is involved in it and does make the home contact and they request if at all possible that the parent come to the school.

Mr. **Winn.** Do you have a high percentage of parents, both working, over here? More than at the other schools?

Dr. **Plucker.** We do have. We don't hesitate to call parents at work. We consider this to be a problem of significance and we follow up on it pretty rigidly. Because, obviously, it is one that is easily put aside.

I am certainly not going to say that every child that has a problem at school is even detected, for that matter, because, as I think I heard your statement yesterday, so the kid is day dreaming, so he is tired, so he is nervous, so he is upset. Thousands of parents who live with their child every day very closely don't always detect the changes in behavior pattern which are symptomatic of the drug abuse.

But one of the things we do try to do is immediately involve the family. We are not 100-percent successful.

Mr. **Winn.** They do call the parents. If a nurse knows because of previous records, previous experiences with certain individuals, that they are on drugs, just convinced that they are, does she tell the parents, "I believe your son or daughter has a drug problem"? Or does she just say, "She is in my office and she is ill"?

Dr. **Plucker.** Oh, no. We would inform the parents of what the situation seems to be.

I think you recognize that is one that has to be handled with a great deal of care, in the sense that too many parents, to say that we feel or we think that there may be a problem here in the use of drugs or whatever, can be an extremely traumatic sort of thing and the reaction isn't always a positive one. "You have just accused my child of being a criminal," and you have to deal with that in, I think, an understanding and sympathetic way to get parents to understand what that problem is.

Mr. **Winn.** I know that is true, but maybe we are protecting too many parents and protecting too many children. I don't know what the percentage of use is in Wyandotte County, but we have heard figures all the way from 20 percent to 70 percent in Johnson County. I doubt it is much different over here. I am guessing, but say 30 to 50 percent are using in Wyandotte County schools. None of us want to be told our children are using drugs, but there has to be a way.

Dr. **Plucker.** Right.

Mr. **Winn.** Because we think it reflects upon us, and maybe it does, probably it does, in a great many cases but, at the same time, whether it reflects on us is not the point. The point is how far along in the use of drugs is the student. What programs can we advise him to go to? What drug education programs can their parents go to? I would bet, particularly in Wyandotte County, that probably no different percentage of parents have been to drug education programs; I will bet it is less than 10 percent.

Dr. Plucker. I would say that is an extremely liberal estimate.

Mr. Winn. A little high. OK.

A hundred kids were arrested for drug-related counts in Wyandotte County last year, according to our investigators. How many of those would you guess to be students? I am not counting dropouts because that is a category that is pretty high over here, too. Or do you know?

Mr. Kohl. I might answer that. Every year we work pretty closely with the police department and they gave us the drug arrests. This is one bit of statistic that is passed out and handed out.

Mr. Winn. By name?

Mr. Kohl. No, sir; not by name.

Mr. Winn. They don't furnish names?

Mr. Kohl. No, that is a very confidential matter. It might even be the same as a counselor situation in the school. I think we are involving ourselves some in confidentiality of information in involvement with the school teacher, counselor, and the authorities.

But the one that we have used would be the picture of drug arrests in our city since 1967, when it was done, to—what was it?

Mr. Winn. If you have those figures, I think this committee would like to hear them. Obviously, if you only had one in 1967, read them all of the way up.

Mr. Kohl. In 1967 there was one arrest. There was a marihuana charge.

Mr. Winn. Which was drug related?

Mr. Kohl. Yes, sir. In 1968 there were 35 arrests. In 1969, 62——

Mr. Winn. Double.

Mr. Kohl. In 1970, 162. In 1971, 179.

This is the arrest picture and this is the information we have tried to use as best we can in relating to the drug problem in our community.

Dr. Plucker. You should recognize those figures are a combination of adult and juvenile. It is not just juvenile.

Mr. Blommer. What are the juvenile figures?

Mr. Kohl. Would you like those figures over the years?

Mr. Blommer. Yes.

Mr. Kohl. Again, the one arrest was a female, in 1967. It doesn't tell the age. Pardon me, it is an adult.

In 1968 there were 21 adult arrests and 14 juveniles; in 1969, 34 adult arrests, 28 juveniles; in 1970, 81 adults, 81 juvenile arrests; 1971, 87 adult arrests and 92 juveniles.

Mr. Winn. There is a tremendous jump there in the last couple of years on juvenile arrests.

Dr. Plucker. Between 1969 and 1970, you have the real increase. Then 1970 and 1971 tend to be quite similar.

Mr. Phillips. When you say juveniles, is that the police definition of juveniles, 16 and below?

Mr. Kohl. I believe it is.

Mr. Phillips. So the 17- and 18-year-olds you have in school would not be included in there?

Mr. Kohl. Yes, sir.

Mr. WINN. The committee points out the tremendous jump in 2 or 3 years. The problem is there. Are these all drug related?

Mr. KOHL. These are drug related.

Mr. WINN. On the juveniles?

Mr. KOHL. These are just——

Mr. WINN. Relate to both juveniles and adults?

Mr. KOHL. They have further breakdowns on the type of drugs.

Mr. WINN. I think we pretty well know from yesterday's testimony the type of drugs students are using around here, which is practically everything that is available, but not a high percentage of heroin yet. Mainly marihuana, I suppose.

Mr. Chairman, I have no more questions. Thank you.

Chairman PEPPER. Mr. Blommer.

Mr. BLOMMER. Mr. Kohl, I would like to follow up what Mr. Winn was getting at. I think it is safe to say the 92 juveniles arrested for drug crimes would be, at least the most part of them, in your school system. Isn't that right?

Mr. KOHL. Very possibly. We have one parochial school but I would say yes, you are correct on that. The only thing that might not be involved—and I am checking with our enforcement agents on this—would be the number of repeaters. This is the number of arrests.

Let's say some youngster might get picked up five times a year. He would be tallied in here five times.

Mr. BLOMMER. In any case, do you know the names of these 92 people?

Mr. KOHL. No, sir.

Mr. BLOMMER. You mean to say that someone that is selling drugs, who is a student, who is arrested by the police for that crime, could be very well going to class every day in one of your high schools and you wouldn't even know about it?

Dr. PLUCKER. I would have to comment on that in this regard. This gets into the whole business of the confidentiality of information relating to juveniles. And the school district, or the school officers, as such, are not informed of the names of juveniles arrested for various offenses, except insofar as it may involve an arrest in which the school is involved. That is, if it takes place at the school, obviously we know about it. But these don't take place at the school.

Mr. BLOMMER. Doctor, wouldn't you agree—and I am not laying the blame here——

Dr. PLUCKER. I think it is stupid. It is the stupidest thing I have ever seen, with respect to the way that information is handled, with respect to juveniles and the various agencies, including the schools, that have to deal with that information. But that is the way the law is. And I don't blame the law enforcement officers for it.

Of course, the laws were written with the idea, which I am confident is an excellent philosophy of juvenile protection, the attempt to protect the youngster from a lifetime criminal record, and this sort of thing. I appreciate that, but certainly there must be a change in the handling of information as between agencies that are responsible for working with young people.

Mr. **Blommer**. Well, I am sure you would be the first to agree that the other juveniles, the other high school students, deserve a little protection, too.

Dr. **Plucker**. Yes.

Mr. **Blommer**. We heard here over and over again that the pusher is just another student.

Dr. **Plucker**. As far as schools are concerned, though, it might be interesting for you to have some figures on that. In the 1971–72 school term, in terms of actual suspensions from the school as a consequence of possession of illegal drugs—now, the figures are really fairly small—we had four short-term suspensions. By short term, 5 days or less, as a consequence of possession of illegal drugs by individuals in the schools. We had six long-term suspensions on the basis of possession or use of illegal drugs.

The numbers are really quite small in terms of the incidents within the school for which suspensions did take place.

There is no requirement that there must be automatic suspension. A principal has to make a decision: What are the circumstances in this case.

Mr. **Blommer**. You would certainly recommend suspension for a student drug pusher?

Dr. **Plucker**. Oh, yes. By all means.

Mr. **Blommer**. But the situation is that the police know about a student pusher, but you, as a superintendent, would not know?

Dr. **Plucker**. Yes. Or let's say, as a principal and more often they are much more closely related to the operating situation. That is right. It is possible.

I would have to say, in all fairness to law enforcement officers, they have to operate within the law. That is not to say that there cannot be a good deal of cooperation, and there is, in terms of providing information, unofficially—it has to be unofficially—that a school can be aware of certain problems that they have to look out for with respect to an individual. But in terms of records and official notifications and this sort of thing, they are under a very severe handicap.

Mr. **Blommer**. I have no more questions, Mr. Chairman.

Chairman **Pepper**. Just two or three questions, gentlemen.

Is it fair to say that this drug problem of students in your school system, like most other school systems, is known to be a serious problem but you don't have accurate data of just exactly what the extent of it is? You have very little money to spend in teacher education programs in respect to the drug program, and because of lack of funds you don't have very much of a program to deal with it in the schools; isn't that a fair summary of the facts?

Dr. **Plucker**. I would say that is a fair statement. Yes, sir.

Mr. **Kohl**. Yes.

Chairman **Pepper**. You are not distinct from the rest of the country. Everybody has had to tell the same unhappy story.

Dr. **Plucker**. We tend to be crisis-oriented in the United States and we take care of a problem, unfortunately, after it gets out of all proportion, whether it is space for children in a schoolhouse or whether it is drugs. We take care of it after the horse is gone.

Chairman **Pepper**. The last question is, if you did have adequate funds do you think you could develop in your school system here in

Wyandotte County a program that would be helpful, more helpful than whatever you are doing now?

Dr. **Plucker.** Yes.

Chairman **Pepper.** In preventing drug abuse and correcting drug abuse into which some of your students may have fallen?

Dr. **Plucker.** I am confident we may develop a program that is more helpful than we are able to do now. I am equally confident that the problem as a part of our culture is not going to be "solved." It is a question of how well we can deal with it, because it is a new part of our whole problem. But, yes, I am convinced that one of the things we need to have is the financial resources with which to attack it.

Another very important one and, of course, it is in part a part of finances, we need people who have the ability to work with this, to simply take a person, a teacher, and say, "OK, now we are going to make a drug expert out of you," doesn't work. It takes a person who has an understanding, who has an interest, who has a concern, and the ability to work with kids, regardless of all of the training. So, yes, there is a tremendous people need in this area.

Chairman **Pepper.** I am glad you mentioned that. There are some people, including some of the bureaucratic authorities in Washington, that think that nothing should be done to try to meet the challenge of this problem in the schools. They think that if a student is shown to be using drugs the student should be simply suspended from the school and turned over to his parents and the parents will turn him over to what facilities there may be in the community; that the school should just brush him out of the window, as it were.

But if you do that, that means that the children are not going to be given any effective service, or an enormous job of recruiting the kind of knowledgeable people you were just talking about falls upon somebody in the community. Somebody has got to provide facilities at which those people will use whatever programs, carry out whatever programs, they develop.

I entertain, myself, very strongly the belief that the schools, themselves, can make an enormous contribution because they can perhaps do a better job in finding the kind of personnel to work with the problem than an outside agency. They hire teachers, they hire administrators; they are accustomed to this work of dealing with young people. I would rather leave it up to the school system.

It is better if you give them the money with which to develop the programs and to find the personnel, than to leave the job to somebody else who only incidentally deals with young people. What do you think about that?

Dr. **Plucker.** I would certainly have to agree with you, Mr. Chairman. There is one further comment I would like to make on it.

Certainly, there is a role that we can fill as a school. We have an almost incomprehensible problem, however, with respect to another side of this, with which we cannot deal and with which perhaps we need to deal legislatively at the national level. At least in this area, very little of the drug traffic is in what we call the hard drugs, the heroin field. The statistics presently will bear that out. The drug traffic is not out of somebody's basement, the drug traffic is out of the legitimate drug producers in the United States, and until Congress or someone begins to crack down on drug producers, and nails down the production of drugs which are totally unnecessary in this country, it is impossible to control it because we are in the business of marketing them.

The producers are going to find a market. So I would hope we can get together on both sides of this. I am well aware that the money that is involved in producing drugs is a fantastic amount of money, and pays the cost, not only of advertising, but the kind of costs that it takes to try to prevent any action to control it.

If we can expose the millions of dollars that are spent in lobbying for the maintaining or for not controlling the drugs that are destroying the kids of America, I think the drug industry needs to be exposed on that point, especially some of these specific companies that are doing it. And they are known, I am sure.

Chairman **PEPPER.** This committee is very sympathetic to what you say because we took the initiative in the Congress in bringing about the reduction in amphetamine production by over 80 percent.

Dr. **PLUCKER.** If you go for another 80 percent——

Chairman **PEPPER.** We are still working to bring it way down to a very few thousand, if not a few hundred, which medical authorities before our committee have indicated is all we really need to beat the diseases for which they are particularly suited, like hyperkinesia and narcolepsy. The other is obesity and about all you get out of that is a few pounds reduction and an addiction to these pep pills for the rest of your life.

Dr. **PLUCKER.** Maybe we ought to have just a few more fat people and forget it.

Chairman **PEPPER.** You are right. And these other drugs, barbiturates and some of the others, we have certainly got to look into that. That is a challenging problem.

Thank you very much, gentlemen. We appreciate your coming.

Dr. **PLUCKER.** Thank you.

Chairman **PEPPER.** May I ask Dr. Adams and Dr. Hartman, would it inconvenience you gentlemen if we recessed until 2 o'clock? Will that be all right?

Thank you very much. We will take a recess.

Mr. **MACNEVEN.** Mr. Chairman, you did not give me a chance to respond. I should like to.

Dr. Adams, the superintendent of schools of the Kansas City school system is not here. I am Robert MacNeven, assistant superintendent. I am here in his absence.

I understood, Mr. Chairman, that I was to be called at 11:30. I don't know whether I have anything of any interest to the committee, but I do have other obligations that I am scheduled for this afternoon.

Chairman **PEPPER.** You may testify right now.

STATEMENT OF ROBERT MacNEVEN, ASSISTANT SUPERINTENDENT OF SCHOOLS, KANSAS CITY, MO.

Mr. **PHILLIPS.** Mr. MacNeven, could you give us your title?

Mr. **MACNEVEN.** Assistant superintendent of schools for the Kansas City, Mo., school system. My division is called the division of school support and development.

Mr. **PHILLIPS.** Could you tell us where the superintendent of schools is today?

Mr. MacNeven. Yes. He and a man in our school system who works closely with this sort of problem day by day, are both involved in other previously scheduled conferences.

Mr. Phillips. Could you tell us where they are involved?

Mr. MacNeven. The man who works closely with me is involved with a conference having to do with VD and its impact and effect upon young people.

The superintendent has left the city, I understand.

Mr. Phillips. Could you tell us where he went?

Mr. MacNeven. No, sir.

Mr. Phillips. We advised you earlier in the week we would like to have the superintendent here. I got the impression from the staff who talked to the superintendent that he didn't think this was important enough to come and testify about. Is that correct?

Mr. MacNeven. Mr. Phillips, you would have to direct this inquiry to the superintendent.

Mr. Phillips. Did you have any discussion with the superintendent?

Mr. MacNeven. Yes, I have. He has asked me to convey to the committee his regrets that he is unable to be here.

Mr. Phillips. Would you tell us how you view the drug abuse situation in your particular schools?

Mr. MacNeven. Yes, Mr. Phillips.

In the interest of time—and I recognize the committee's desire to get this break in and I appreciate the committee's courtesy in hearing me at this particular moment——

Chairman Pepper. We are glad to hear you.

Mr. MacNeven. And I recognize, also, what a schedule you are going through.

But in the interest of time, if you would permit me to refer to my notes briefly—I would like to—and in order to try to cover efficiently what seems, at least from our viewpoint, might be significant to the committee, I do have a five-point or five-area statement, and the five points in this are our attempt, at least, to point out some areas of need, as we see them. That has six subsections and I will try to cover those very quickly, if I may.

Chairman Pepper. You go right ahead and make any presentation you would like to make.

Mr. MacNeven. Thank you, Mr. Chairman.

Point 1. We regard in our school system the question of drug abuse as a critical problem. We regard it as a growing problem. We regard it as a problem about which we are inadequately informed. We concede that whatever the problem is in our schools, we see visibly only a fraction of it.

Your counsel, in talking to me, compared it with something like an iceberg. And I don't know what fractional comparison is fair, but at least we see the surface, the tip, the crisis, and I am confident that there is much below that that we do not see.

Numerical dimensions are a little hard for us to come by. We use a lot of euphemisms sometimes for this, but our security people, our health service people, our school counselors, have made some effort to examine over the past few years their memories and their records, and we estimate that we had seven or eight hard-core related incidents which are school connected in some way or other in 3 years.

We recognize quickly this may not be all of them, because there are many others that do not come directly to our staff's attention.

We think that the question of soft drugs and the whole range of soft drugs are involved. We can indicate 22 to 37 such incidents last year in our schools. We do not know to what extent we have covered the whole ground.

But anyway, what we see makes us believe that drug usage in our school system is associated primarily with higher socioeconomic areas as contrasted to poverty areas. We think it is significantly associated with the dropout question, the dropout problem in our schools. And we indict ourselves, we say we have fallen short in our school system in our mission to educate young people in these areas.

The second point is briefly this: We see our role, we see some things our systems, our schools are not. We think we are not treatment centers. We think we are not prosecutors or enforcers. We think we are not parents.

What we quickly want to say, point 3, some things we think schools are.

We think schools are public agencies and, as such, we think we have public obligations and we think as a consequence of a professional conscience, we ought to try to meet those public obligations.

We think chief among these, our mission is one of education and training. Therefore, we have a major job in this area, in education and training.

Point 3. At least in our school system—and I don't know specifically the problems of other urban school systems, but I would surmise we are quite similar—our educational mission is related very directly with the dollars that we have to achieve that mission. And the dollars are too few. We are faced with sharply rising costs and those dollars we have must spread themselves consistently more and more thinly—the problem is very real—in order to make it.

Point 4. The areas of need we have—and I would like to suggest these briefly.

The first area of need, that we see, at least, is that we have an area of research need. We need to find out much more concretely than we presently know, what the dimensions of the problem are. In our school system, how we can best go about it, how we can identify, at least educationally identify the aspects that are within our reach, and we need to analyze, if we possibly can, what we can do about it.

We have under study now, by our superintendent and our board, an inquiry device, a research device, to ask some questions of our students. Some students have looked at this device and they have said to us "We can fool that one any time." So we have got to look much more carefully, I think, at what we have.

Our estimate of some cost to do this: If we had, for instance, in our school system available to us a dollar per year on our enrollment or our average day of attendance or something like that, and I am talking about 68,000 students and $68,000, we think we could do some effective, substantially rewarding research.

On the second area here is that we think we have to build teacher competencies that we don't have. I don't know, gentlemen, what you discovered in other parts of the country, but I would hazard you have discovered that teachers by and large, and school people by and large, are not well equipped by training and by experience to deal with the kinds of complexities that are presented here.

We further believe, and I would surmise you have discovered this, teacher training institutions throughout this Nation haven't done much of a job in helping teachers get ready for this kind of a problem.

The seven or eight teacher training institutions, for example, from which we draw the main bulk of our teachers, just don't have this in their curriculum.

I am not well acquainted with the content of the teacher training programs, Congressman Winn, in the State of Kansas, but the State of Kansas teacher training institutions are well recognized as very good ones, very fine ones, and yet I would hazard that this is an area of need in their curriculum, too.

It is one suggestion, at least, that we would like to offer to the committee, that this be thought about.

Now, you heard here mentioned inservice training. We are making a crack at this and we tried to do it consistently, but our success, we think, is far short of what it ought to be. We have an inservice training unit in our school system which is budgeted at something less than two-tenths of 1 percent of our total operating budget, minus school amount.

Provided that we were able to spend once more just about $1 per pupil per year in specialized inservice training in this year, another $68,000, we could do some good, we think, with teachers. And I think, gentlemen, you have to realize that the most highly qualified teacher with any years of experience came out of a teacher training institution several years ago, when the question of drug abuse was not even thought of as being a critical problem.

Your statistics already indicate, I am sure, that it is a rapidly increasing problem, it is multiplying almost geometrically in some instances, and yet here are teachers trained to deal with young people out of another decade or so back. They are just not ready.

We have got to get them ready in only two ways that I know of, and one way is to get them ready on the job and the other is to go back and look at the training program.

The materials that we use: We have circulated, inquired, bought visual materials, TV materials. Published materials we find are very dearth. Young people laugh at part of it. They joke about part of it. Part of it they find some meaning in and it varies from class to class. The real skill in the use of the material doesn't lie in the material, it lies in the skill and capacity and competency of the user of that material, to make it relevant and interpretive. And that is a highly technical skill and that is where the inservice training comes in.

We have tried to put aside certain hours and certain time annually for our teachers of health, for our teachers of physical education, for our classroom teachers, both in inservice training meetings and building center meetings, and through our educational television station. We think we have made some dents. We think we have done a poor job.

I heard you ask a while ago how many people in the school system were really well qualified to deal with this, and even with our efforts, and we have done some, I don't think any of us are well qualified to deal with it. I think it is one of the most puzzling and difficult problems we face educationally.

Point 5. We believe that there ought to be some way to galvanize our parent education program to tie in with this. We think we are going to have to find some way to support a parent education program we don't presently have.

Some signs about how to do this: Through title I there are directions or guidelines and there are some appropriations available to organized parent councils on the conduct of any title I program. I would like to suggest to the committee that everyone of these Federal appropriations tie with it some obligation and some financing to bring parents and community understanding right with it. It is comparatively minor in title I. I would like to see it moved up to at least 2 percent or whatever the allocation is for the program.

We would also like to see built into a Federal appropriation some line which allows the local school district some administrative overhead in the management of that program. If that were in that allocation, then a lot of local flexibility in what we do would be possible.

Point 6. We wish that we could manage and support a part-time school program or part-time school attendance much more effectively than we can. In the State of Missouri, our State reimbursement for local school districts is tied to an average day attendance figure and the average daily attendance figure is based upon the completion of a 6-hour day, which automatically rules out the possibility of dual enrollments and automatically rules out, at least in the State support field, the possibility of having evening programs and part-time programs for school-age pupils, and get State support for it.

It would occur to us, at least, it would be very helpful if we could find a way by which part-time school programs, which are part of the answer to the dropout program, and part of the answer to the irrelevancy of schools generally, be somehow or other supported at the difference between the amount of State aid we get per pupil on a full-time program and part-time program for us, something between $225 and $250 per pupil per year.

The next point, I would like to see, and I think our school systems are necessarily dedicated to trying to realize this goal, that there be for every exit door of the school building a double exit, one of them toward college and university and further training of some kind, and the other toward employment. I would like to see those two doors right there so marked for our school leaders. They are not that way.

So we think we fall short in the fact they are not that way. We genuinely feel that we need additional support for certain efforts.

Now, I have heard, while I have been here, reference to career education and its obligation, almost, as an educational mission to let young people at kindergarten and primary grades understand that is the mission of life really, in this Nation, toward some sort of a career. And that career education, we think, has to be broad, it has to reach boys and girls, it has to reach them both very significantly, and our teachers, again, are not trained to get with this sort of thing.

Whoever heard of a first-grade teacher, for instance, a few years ago, being trained already to project to the 6-year-olds that vision ahead?

We think the vocational training of a school district, particularly one in an urban center like our schools are located, needs to be tightened and strengthened, tied in currently. We are not pleased in training people for jobs that used to exist. We are not pleased with a training program for vocational and technical work which was what my father used to do. And that is a difficult job just to keep up with.

We are rewriting annually vocational and technical training class curriculums. That job of rewriting and bringing it up to date, fortunately, is done with the great input of the business and industrial and labor advisory committees that work with us, but it is a terrific job.

Finally, we think there ought to be some very substantial support in our program to the idea that the pupil we have, if he lives long enough and if he is like almost everybody else, his career is going to be one of family living. He is going to be a parent, he is going to be a home manager, he is going to be something like this. We touch very lightly on this in our training.

These things require salaries and materials and transportation at a higher rate than it costs just to conduct an ordinary program. It is a lot cheaper to have a class in junior English in a high school than to do some of these other things, for example.

We welcome, and I want to endorse for our school system, at least to this committee, the categorical aid which is pulled through our State of Missouri from Federal funds to the support of vocational and technical education.

We hope, as you journey back to your deliberations in Washington, you will not forget that this has made the difference between, in my judgment and in the judgment of our school system, of having a good program and having a better program, or not having one at all.

Finally, we think that we have an obligation to cooperate as closely as we can with a number of other community agencies. I think we have a close record of cooperation with the police department of the Kansas City municipal operation. The juvenile bureau of that police department, the community relations bureau of that police department, and our school people are in daily contact.

We believe that we have a very close working relationship with the juvenile services of Jackson County. We operate schools on behalf of the juvenile services, in the juvenile institutions. A school representative sits daily beside the judge of the juvenile court and the commissioner of the juvenile court in our county.

A flow of information about juvenile offenders is sent daily and weekly to us. We hear cases, we know what is happening.

We are operating school services, educational services in children's hospitals, and health centers in our city and in our county. We would propose to do that. We think our part of this is the educational part, not the treatment part. We think our part of this is educational, not corrective, not enforcement. We are opposed to that.

We would think in every possible way that that kind of cooperation for the betterment of an educational program jointly carried out ought to be, and we would like to have that built into our system.

Now, you have permitted me to run through my notes and I am grateful. I thank you for doing so. If I impose in any way on the patience of the committee, I offer my apologies to that effect. I thought Mr. Phillips was somewhat impatient a while ago.

Mr. **Phillips.** Mr. MacNeven, the reason I was impatient was the reception apparently you gave one of my colleagues at a prior meeting with him. At that time you told him drug abuse in your school was one of the district's less important problems.

Mr. **MacNeven.** I talked to Mr. Harwood and Mr. Blommer who is here.

Mr. Blommer, I do not believe I applied that to you, sir.

Mr. **Blommer.** As a matter of fact, I hate to get into this, but you said drug abuse in your school system was not a serious problem and drug education was not a priority item as far as you were concerned.

I was very distressed to hear that.

Chairman **Pepper.** Mr. MacNeven, we are glad to have your statement and appreciate your coming here today. We are sorry you were delayed in your appearance on the witness stand, but I am sure you agree we do have a serious problem and all we want to do is to see whether there is anything the Federal Government can do that will be helpful to you people who have the primary responsibility.

Mr. Winn?

Mr. **Winn.** I have a couple of questions.

W do not want to get into an argument about who said what, but maybe you can tell the committee what priority do you put on the subject of drug education? From your statement I think you are pretty concerned about it.

Mr. **MacNeven.** I said it was a critical problem. We have inserted curriculum units at three specific grade levels in our school system which would rank it among the more important curriculum insertions.

Mr. **Winn.** How early do you start them? What age do you start talking about it?

Mr. **MacNeven.** Upper elementary, junior high school, and senior high school are the three locations.

We recognize a State law in our State which says that we should have the instruction in certain areas including—I have forgotten the phraseology, but it uses the word "narcotics." We do offer inservice training programs——

Mr. **Winn.** But you said they are less than successful?

Mr. **MacNeven.** In my judgment, they are.

Mr. **Winn.** Why?

Mr. **MacNeven.** Our inadequacies in managing the program, our lack of resources to make them consistent, and our lack of tools to deal effectively, we think.

Mr. **Winn.** Is there any stimulus from the labor unions?

The teachers over there are quite vociferous from time to time as they are throughout the Nation.

Mr. **MacNeven.** Yes, they are. I sense you have been reading the newspapers.

Mr. **Winn.** I try to read the newspapers.

Mr. **MacNeven.** And hear some of their broadcasts.

Mr. **Winn.** And, of course; Dr. Adams, if my memory serves me, came from the Washington, D.C., school system; did he not?

Mr. **MacNeven.** He came from the Washington area. My understanding was he was part of the Federal Government operation.

Mr. WINN. I believe that is right. I do not have his biography in front of me.

But does NEA do anything?

Any of the teachers unions, do they do anything?

Mr. MACNEVEN. They have endorsed this inservice training effort on our part.

Mr. WINN. But they have meetings all of the time; NEA and all teachers groups are always having meetings. What are they doing about it?

Mr. MACNEVEN. To my knowledge, they do not divulge contents of their meetings to this topic.

Mr. WINN. That is my understanding. I do not mean to be critical of them, but we hear from them so frequently in Washington on various matters, but I have never heard from them in any way along this line. I think if they are going to be concerned about the overall, the broad aspect of teaching and the benefits they so desire, that certainly the drug education process at least should somewhere stimulate their teachers to want to go to whatever inservice training programs you might present, or the Wyandotte County schools or the Johnson County schools. I get the feeling that there is a lack of enthusiasm on the part of the teachers.

Maybe I can say that easier than you can say it.

Mr. MACNEVEN. I think you can, sir; yes. However, I would tend to agree a good deal with what Dr. Plucker said awhile ago: typically speaking, the school teaching day is a long day marked by strange tensions that the typical teacher is happy to escape from.

Our capacity to mount inservice training programs is there by reason of our capacity to employ teachers at other times than their teaching or for reimbursing them for other times than their teaching or asking them to take part as a sense of self-improvement and professional obligation. We have tried to follow the latter course. We have been reasonably successful.

Mr. WINN. I think this ties in with self-improvement.

We know why teachers want additional degrees: we know why they take outside training, and, as far as Arzell Ball said, they think maybe rather than have specific drug education courses, that they work them in the regular curriculum. I do not know if that is the procedure you all intend to follow or not, or have been following. But what would be your opinion on that phase of it?

Do you think that makes sense?

Mr. MACNEVEN. Yes; I think it makes sense, but as to how we can manage this—we have some very difficult problems meeting, and I can't answer that. I would like to see us do this inquiry and research as a basis of operation, but we can begin without the research. We know the problem exists.

Mr. WINN. You deal very closely—and we heard testimony yesterday to verify that—with the juvenile authorities. But you give some statistics, I believe—and you might want to refer back, something on seven or eight drugs, hard drugs—but only seven or eight in three years? That is all you are aware of?

Mr. MACNEVEN. Yes, sir. And I tried to say when I said that, or before I said it, we thought we saw only the very tip of the iceberg.

Mr. WINN. I would agree; you are probably right.

Mr. MacNeven. I do not think there is any question but what our knowledge is much more restricted that it ought to be. My hunch is, whatever figures I gave you, they are wrong. It is just the question of degree of wrongness it would be and my guess would be 80 or 90 percent of that iceberg tip might be a fair estimate.

Mr. Winn. We were talking about statistics, and we heard from all of the school authorities today that money is a problem, and knowing the situation and reading what I do about your budget, I would agree they are in all of the three counties we have talked about today. But can't you get some information without any great expenditure or with practically no expenditure at all or no budgeting, from student studies, student surveys?

Even though you would have to say there would be a percentage where they are kidding you, because this seems to be a game anytime the administration of any school district tries to run a survey. You would have to allow for some seepage there, I think.

Mr. McNeven. I think we would.

Mr. Winn. Why can't you use that and give yourself some better statistics than you must have?

Mr. MacNeven. I am confident we can do better than we have. We had high hopes, really, that this last year we were on the tracks of something we could use, because one of the key spots, at least in our high schools where this sort of thing begins to be received, is in our nurses office. And midyear last year, January of last year, by reason of the financial emergency facing our school system, the position of school nurse was abolished. There were no school nurses.

Mr. Winn. Do you have full-time nurses, or any nurses?

What is your situation on that? We have heard all variations around the country.

Mr. MacNeven. I am sure you have.

Mr. Winn. They let nurses go or share time with three schools.

Mr. MacNeven. Right. We had a health service section which at one time numbered 42 school nurses for our schools; secondary schools in general had full-time nurses; large elementary schools had full-time nurses, and smaller elementary schools shared nurse-time with others.

Mr. Winn. Do you have a hard time getting nurses?

Mr. MacNeven. No, sir. We had crackerjack nurses, well trained and competent.

Mr. Winn. I thought, maybe because there was a shortage of nurses, that maybe the school salaries would be less. I do not know what they are.

Mr. MacNeven. Our problem was not getting nurses, our problem, actually, was the fact that that program, costing something in excess of $300,000 a year for us to maintain, was one of those that did not withstand the budget cuts of midyear, last school year. Our budget cuts of $1.6 million included the elimination of the school mission program in our school system.

Mr. Winn. I do not want to be argumentative, but I think many of us feel that this is such a problem and should command such a high priority that possibly somewhere in the budget the football teams can wait 1 more year even though their uniforms may be a little ragged and other places—although I do not know how to categorize it. I would probably have some ideas after looking at the budget, as to where we could have full-time nurses on duty and a trained nurse who has been to inservice drug training problems, because, as you say, the teachers do not want to do some of these things. They do not feel they should be law enforcement officers, and I agree with that to a certain extent. I think they are going to have to be whether they want to be or not, as a part of the overall picture. It looks to me as if in the drug program we are looking for someone to take this burden off our shoulders. That we are looking for someone in many cases to put the blame on—all of us.

We start with society, and that is always a good one to put the blame on. Society, except it is so big we can't blame the whole. So we go to school officials, we go to law enforcement agencies, we go to Federal agencies, we go to health and welfare agencies. You can go all around looking for where the blame is. But, now, at Central High School, you have had some problems which I have read about. Do you have a higher dropout rate at Central?

What percentage of it is black? Practically 100 percent; isn't it?

Mr. MacNeven. Practically; yes, sir.

Mr. Winn. Is there any higher percentage of dropouts than you have at Southwest, for instance?

By the way, for the committee's information, Central is in what I would say, roughly—I hate to categorize, but we always do——

Mr. MacNeven. Mr. Congressman, may I, sir?

Mr. Winn. Yes, sir.

Mr. MacNeven. Midcity.

Mr. Winn. That does not help them. They have not seen it. Mid-average income to lower income?

Mr. MacNeven. Economically, I think so.

Mr. Winn. Economically, yes. And Southwest High School would be middle income to upper income?

Mr. MacNeven. Right, sir.

Mr. Winn. You have had problems at both schools; and on dropouts, do you have any statistics on Central?

Mr. MacNeven. Yes. The dropout rate there last year is down a point or two, but not much—not enough.

Mr. Winn. Good.

Mr. MacNeven. Thanks for saying "good," but it is not enough, sir. We have a long way to go.

Mr. Winn. It is encouraging.

Mr. MacNeven. And Southwest is relatively comfortable in the dropout study. That is, dependency, the holding power of Southwest, from that viewpoint, is relatively good.

We are, frankly, quite disturbed by the relationship of the general socioeconomic level of the neighborhood and the dropouts, because, I guess, we have the feeling we need to do a much more intensive job than we do where the socioeconomic level is lower and we are troubled by the fact we have a less effective result there.

Mr. Winn. Yes. At Southwest, you would have a higher percentage of parents who have at least some college education and probably a pretty high percentage of college graduates, either the mother or the father?

Mr. MacNeven. That is correct.

Mr. Winn. And in Southwest, you would probably have a higher percentage of parents living together?

Mr. MacNeven. That is right. I sense you know our school system pretty well.

Mr. Winn. I went to Southwest, and I try to follow the whole area, because you can't divide a problem in Wyandotte, Johnson, and Jackson Counties. That would not make any sense to me because the problem is areawide, particularly in drugs.

Mr. McNeven. I am pleased to hear you say that, because I keep viewing this metropolitan circle that we reside in as being just exactly that. The State line, although it shows up politically and geographically as significant, is not very significant to the young person who goes back and forth across it readily.

As you know, Mr. Congressman, our school district is, I think, somewhat unique in the Nation, in that we are only one of 17 school districts lying wholly or partially within the municipality of Kansas City, and we are the central part of that municipality.

Mr. Winn. Going back to Southwest and Central for comparison, we had figures here yesterday, I believe it was something like 75 percent drug usage at Southwest, which is in the middle- to high-income area. Do you have any idea of what it might be at Central, for instance, where they might not be able to afford it?

Mr. MacNeven. No, sir. I could not corroborate this figure.

Mr. Winn. That was one of the highest percentages we had, but it came from a young man who went to Southwest.

Mr. MacNeven. This would mean that three out of every four youngsters has had some experience.

Mr. Winn. I think that is what they were talking about, had experimented.

None of the young people we had here yesterday said there was any great percentage of addiction, but we were led to believe it was going on.

Mr. MacNeven. Experimentation.

Mr. Winn. Experimentation, usage, or users. I mean, they refer to users meaning fairly constant usage, in my opinion.

Mr. MacNeven. Our general analysis would be to suggest that schools like Southwest, like Bingham Junior, Rick Van Horn, like for instance Johnson County schools, some of this would tend to be at the higher end of the experimentation sort of thing.

Mr. Winn. The income areas would be about the same, and a higher percentage of cars, from what I know about the area.

Mr. MacNeven. And greater mobility.

Mr. Winn. From what I know about the area, those students are back and forth and know each other very well from those schools on the Jackson County side, and they are over in Kansas, and Kansas students are over in Missouri.

Mr. MacNeven. We would tend to see the schools of the areas which are marked by the higher incidence of poverty as being less mobile, less apt to circulate and less apt to have the dollars involved.

Mr. Winn. We heard yesterday that in the black areas they do not start with marihuana and some of that stuff; they go right to the hard drug faster because it is more prevalent in the area. This really, statistically, would sort of foul up the overall picture of what we are trying to find out, where the basic problems lie.

Mr. MacNeven. Yes, sir. And, as you say, I come back again to my own sense of figures. It is a matter, at least from the school-age people, we simply do not have at our fingertips the kind of identifying, analyzing capacity to get at this sort of thing.

Mr. Winn. As I told Dr. Plucker, even without additional funding, let's make an all-out effort to try somewhere, through student surveys, political science people—this has been done around the country, from universities bringing them in there to do their papers. Some of them, in some cases, have been able to pass as high school students and really get involved with the people that know higher percentages than probably school officials would.

Mr. MacNeven. I think that we would not disagree with you in our school system.

Mr. Winn. Thank you very much.

Chairman Pepper. Mr. MacNeven, what do you do now in the Jackson County school system when students are found to be using drugs?

Mr. MacNeven. Well, we do a variety of things. We do what we can to find out from that student what he will talk to us about. We have three sources of inquiry. One is with the people who are right at the school, his teacher, sometimes his counselor, sometimes his school administrators. We frequently find people who are not in any of these categories who have the receptive ear. Sometimes it is a friendly and openminded teacher.

We also have a group of people who are called home-school coordinators or visiting teachers in our school system who, upon the request of the principal, will make further inquiries at home and away from school and under circumstances, and, further, will communicate to the parents whatever the problem will be.

Third, we genuinely try to open our lines of discussion between the children's services of the juvenile courts and through the police youth bureau.

We think we get some responses. We think very frequently we get some things that would classify as emphemisms. A youngster's symptoms may suggest one of three things, and we very frequently get something which is more blind than what is real.

Chairman Pepper. If you had adequate funding to do it, do you think you could develop in the Jackson County schools programs that would tend to prevent drug abuse by the students of those schools and get off of drug use those who are committed to it?

Mr. MacNeven. The first part I think we could do, Mr. Congressman. I am not sure we could do the second part. I do not know whether or not we are able, from a school viewpoint, to get the job of treatment effectively done, and I am assuming that that is what you are referring to.

Chairman Pepper. I am not talking about medical treatment. I am talking about programs that would either educate or persuade or induce the student to desist from the use of drugs.

Mr. MacNeven. Yes, sir; I think we could do that. And in the kinds of things that were mentioned here in the field of experimentation and exploration, I think we can do some good. I think, with addiction we probably cannot.

Chairman Pepper. Thank you very much.

Mr. Winn. May I ask one more question?

Are you aware of any overdoses in Jackson County?

Mr. MacNeven. I am not; no, sir.

Mr. Winn. You do not have any information on that at all?

Mr. MacNeven. I do not. I surmise we have had some.

Mr. Winn. Don't you think the school authorities would want to know what they have in the way of overdoses and how many would be students, former students, and dropouts?

Mr. MacNeven. Yes.

Mr. Winn. But you just do not have any system of trying to figure that out. You said you worked very closely with the police and law enforcement officials. Don't they have some information about that?

Mr. MacNeven. I am sure they do. We get a constant flow of that with regard to the juvenile offenders. But, again, we have to assume that also comes to the attention of the juvenile court and that it comes to us through them. We have to also assume it comes to the attention of the Kansas City Police Department, and my guess would be——

Mr. Winn. I am sure that it does. But my point is: Don't you think that you fellows, as school administrators, ought to know, too, what is happening to your students?

Mr. MacNeven. Yes, I do.

Mr. Winn. In helping you, I would like to point out the laws in Missouri are similar to Kansas in that the coroners do not have the right to demand or perform an autopsy unless they have permission, and, again, here you have a situation of parents possibly covering up drug-related deaths, physicians close to families protecting families, protecting students' representation, and it makes it almost impossible.

But it does not sound very much like the school had done very much to try to dig out some of the figures, because I am sure there are overdoses over there. Our information showed seven in the last 6 years under the age of 20. You can almost bet some of those are going to be students.

Mr. MacNeven. Some of those have been students.

Chairman Pepper. Thank you very much. We appreciate your coming.

Mr. MacNeven. Thank you for letting me impose upon the committee.

Chairman Pepper. We are very glad to have you.

Dr. Hartman, if we may, we will call you after a 5-minute break.

(A brief recess was taken.)

Chairman Pepper. The committee will come to order, please.

Will you call the next witness, please, Mr. Counsel?

Mr. Phillips. Yes, Mr. Chairman. The next witness is Dr. James Hartman. He is accompanied by the executive director of the Wichita Council on Drug Abuse.

STATEMENT OF DR. JAMES W. D. HARTMAN, CLINICAL PSYCHOLOGIST, WICHITA COUNCIL ON DRUG ABUSE, INC., WICHITA, KANS., ACCOMPANIED BY DEE HILL, EXECUTIVE DIRECTOR

Mr. PHILLIPS. Would you give us your address, Doctor?

Dr. HARTMAN. 201 South Edgemore, Wichita, Kans.

Chairman PEPPER. We want to apologize to the both of you for the tardiness in calling you today, and we want to thank you for waiting.

Dr. HARTMAN. That is all right. We appreciate your interest in the subject.

Mr. PHILLIPS. Doctor, yours is one of the growing large group of American families that have been very, very seriously affected by drug abuse, and, as a result of that experience in your family, you have taken some steps in your community to try to do something about it. I feel the committee should hear from people like you.

Would you tell us just how your family became involved with drug abuse?

Dr. HARTMAN. I am not sure I can tell you all of the why's or how's. I have four sons, the oldest is 22 now and the youngest is 16. About 3 years ago I became aware that the two oldest ones were involved in drugs and started one of the most intensive education periods of my life trying to find out what to do about it, who could help to do something about it. Much of my time since then has been spent working in this direction.

Mr. PHILLIPS. Could you tell us how young your boys were when they became involved with drugs?

Dr. HARTMAN. The oldest tells me he was 17 when he first tried marihuana. The second oldest was 16.

Mr. PHILLIPS. And they got involved with other drugs as well; is that correct?

Dr. HARTMAN. Yes. They have always been very active, very capable, used to being in on most things and being very competitive and tops in most everything they tried—athletics, music, scholastics. And when they started with drugs, they used all of their ingenuity and inventiveness with drugs as they had with everything else.

Mr. PHILLIPS. They became seriously involved with drugs, and, as a result of that, you looked for resources and things that could assist them?

Dr. HARTMAN. When I became aware they were involved with drugs and that they were in trouble with them, I looked to colleagues who worked with juveniles, professional colleagues from the community, from the State, friends over the country and became aware there really was not anyone professionally or otherwise with answers to the problem and that we would have to deal with it as best we could, individually, finding what resources we could.

They went through hospitalization, psychiatric hospital, group therapy, individual therapy, family therapy, my wife and I in joint therapy. They went through jail, went through a year of hospitalization in a maximum security psychiatric hospital where my second son got his first exposure to heroin and was discharged from that hospital at about the end of a year as being untreatable and to be returned to the court to be dealt with in relation to the seven felonies he had committed one Sunday morning under the influence of drugs.

The prospects for him at that point were possible Federal drug treatment centers or possible State prison. His oldest brother had been at that time almost a year with Dr. Don Williams who was the associate pastor in charge of the college department of the Hollywood Presbyterian Church and had been off drugs for about 6 months. My second son was offered by Dr. Williams a chance to come and spend some time in his program, and my son said: "Dad, there is no question about what the best place to go is, but I am going to be honest with you, I don't really buy what they are doing there, and if I go it will be just to avoid going to prison." I asked him to talk to Dr. Williams, if he would be willing to, to see what Dr. Williams had to say about his feeling about that. He agreed to do that, and Dr. Williams told him he did not require that he would accept Christianity and what they believed in, but he would require that he not use drugs and he would require he participate in the program. Eric agreed to do that, and the judge, the psychiatrist, the attorneys who were involved decided to try this. Eric went out and joined Dr. Williams in Hollywood, and in about a month and a half he accepted Christ and was "born again"; and since that time, which was a year ago last March, he had been apparently off drugs. Last summer (1972) he completed two university courses, took a full load and got A's in the courses and was reassured that he had not completely "blown his mind" with the drugs, but he still does have visual perceptual problems, seeing things move, designs on wallpaper sliding, the sort of thing you find with LSD experiences.

As he gets farther away from it, he is able to control these better, but it is still there, and how long it will be there we have no way of knowing. Medical examinations have not been able to identify any physical basis for it.

Mr. **Phillips.** Will you tell us, Doctor, what you did in your community, which is small from my point of view, a small town, but from your point of view a large town here in Kansas?

Dr. **Hartman.** I grew up in a town of 18,000 people. Wichita, with 300,000, is a large city. But in comparison with New York, it is a small town, I guess. What did I do? I think maybe it is important to know what my sons' background was. They grew up in a church. I have always maintained some activity, holding some office in our church. They went through Sunday school; they went through the YMCA "Indian Guide" program. I looked to every community resource that I was associated with, or had been over the past 20 years, and to the State resources and my friends all over the country. I was fortunate in that I had a sister who belongs to the Hollywood Presbyterian Church who introduced me to Dr. Williams. In a similar way, I met Dr. Tom Ungerleider who is a psychiatrist at UCLA and has been working with the drug problem and has the DARE program. And in thinking about the theory that when a youngster gets in trouble it reflects problems in the family, we explored this area also, and we contacted Dr. George Bach because of his work with sensitivity groups, techniques for fair fighting with intimates, group therapy, and so on. I was at the time a member of the Commission on Christian Social Concerns at my church and recommended to the commission that the church establish a task force to study what role the church had in relation to the drug problem in general. That task force brought to Wichita Dr. Don Williams, Dr. Tom Ungerleider and Dr. George Bach for meetings of varying days, meeting with the church board members, with members of the church, with professional people, agency people, street people, and kids from throughout the community.

It was in preparation for the third one of these meetings, Dr. Bach's meeting, that Mrs. Hill, who was at that time just appointed as chairman of the Junior League Drug Abuse Committee, met with the youth pastor of my church, and in their discussions became aware that there were a number of efforts throughout the community trying to do something about the drug problem that were completely unrelated; they were unaware of each other and decided to ask those that they had become aware of to meet and decide it would be a help to get together.

They knew of 12 such people, invited them, and 35 people showed up at the meeting. There was strong interest in getting to know what each other was doing. Another meeting was set up at a local hotel. One hundred and twenty-some people showed up at that meeting. That was the beginning of the Wichita Council on Drug Abuse.

The council—I served as the first president of the board—was organized around eight committees. Each committee has a chairman and cochairman, and these people come from areas of the community and are actively being faced with the problem in a variety of ways.

For example, the committee on education was chaired by the head of the pupil services for the entire Wichita Public School System. The cochairman was the head of counseling services at the Wichita State University. Mr. Gates, the head of the pupil services program for the Wichita Public Schools, is now chairman of the board for the Wichita Council on Drug Abuse. Other committees were the legislative committee, which was chaired, cochaired, by the Democratic State Representative Billy McCray, and the Republican State Representative Shelby Smith.

Mr. PHILLIPS. Is it fair to say you had a large number of concerned citizens who got together and formed various committees, that these people were leaders of the community who recognized the drug problem and you organized as best you could to try to do something about it?

Dr. HARTMAN. That is correct. And the purpose and goals of the group were to stimulate people throughout the community to become aware of the problem, to identify what their area of responsibility might be in relation to the problem, to study their own capabilities to do something about that area of responsibility, and to take action, and to date the council has stimulated a dozen and a half to two dozen different community areas into some type of action. It has been appointed as delegate agency for the city commission for coordination of local drug programs. It was appointed by the Governor through the Governor's Commission on Criminal Administration to plan and conduct the third annual Governor's Drug Abuse Education Conference which was just completed here this week.

Mr. PHILLIPS. Doctor, in relation to that, could you tell us, with all of this input you received from various community agencies, how broad the problem would be in Wichita, and in Kansas, generally, if you know?

Dr. HARTMAN. I am not sure I know what you mean by "broad."

Mr. **Phillips.** Can you, in any way, give us an estimate of the extent of drug abuse as you see it?

Dr. **Hartman.** I would say that no child, no youngster in Kansas—it would be safe to say that no youngster today—avoids having to make a decision about drugs and whether or not to use them.

Mr. **Phillips.** Some of the programs you have described a number of youngsters have told me about, where they would come to these programs and they would be already heavily involved in drugs; is that correct?

Dr. **Hartman.** Yes. The only program that has been successful at all in getting started in the black community in Wichita is the MEFSEC program. This is associated with a recreation program initiated by the Methodist church in the black community. At the time the council became involved with it, they were reporting that they were having between 400 and 500 youths at their Friday evening recreation center roller skating and other activities, and that they estimated 95 percent of them were on drugs, and, frequently, as many as half of them were so strung out they couldn't roller skate.

The last report I received from them indicates that without any decrease in participation, it is now rare for more than two or three to be strung out to the extent that they cannot roller skate or engage in the recreation activities.

They do have, and in increasing numbers, older age people coming in from the surrounding communities for drug counseling. This is a program that started with a very limited budget, very limited staff and has been in existence about 5 months.

Mr. **Phillips.** Thank you very much, Doctor. I know you have some other programs which are equally successful, and we do have your written material. I am sure the committee has some questions for you as well.

Chairman **Pepper.** Mr. Winn?

Mr. **Winn.** Thank you very much, Mr. Chairman.

Doctor, had you known that your sons were on drugs at that time, in retrospect, where do you think you would have gone for help?

Or let's say, as a parent, first, where would you look to send them for help, and, second, try to put yourself in the position of the school official, had the school official found out they were into drugs, where could they have sent them for help?

Dr. **Hartman.** I do not know of any resource that was not used. I think we were all unprepared for it. I do not think at that time any of the usual resources for help really had help to offer for this kind of problem. There is more awareness and more capability to help at the present time.

It was less than 6 months from the time my second son had his first experience with drugs that I was aware of it, and during the intervening time I could see him deteriorating, I could see the watery eyes developing, the conversations with him deteriorating into two or three word sentences that were disconnected, and, not having any idea what was going on, just becoming more and more concerned about what I was seeing waste away in front of my eyes.

But we went to the police, we had conferences with the juvenile detectives, we had conferences with the sheriff, we had conferences with the psychologist in the community who worked with juveniles, we had conferences with the school counselors and the psychiatrists. We have been in a period of learning, and we are still in a period of learning.

One of the things the council—the first thing—we tried to do was to get the board to become oriented and trained people. Each of the board members set as a goal, to spend a minimum of 30 days a year in institutes, workshops, and other ways of getting oriented to what the problem is about.

Mr. WINN. This is one thing that concerns me, if I were a parent or if I were a school official, unless I knew that he had done something where he had broken the law, would it be wise to send a first offender to a law enforcement agency?

Young people are not very enthused about law enforcement agencies anyway these days, or officials, they make fun of them, and our television does, too. Why should we send them to law enforcement people when they have not done anything other than, say, used marihuana?

Dr. HARTMAN. I think people in a crisis feel they need to do something.

Mr. WINN. We are kind of thrashing around, though, really.

Dr. HARTMAN. And reaching for straws. I suppose the best reaction would be for a youngster to talk to a parent who is informed enough to really be able to stand with them and confront them with what they are involved in and what the consequences are. And, in this way, provide them with the experience, emotional experience, whatever it takes to protect them from it.

Mr. WINN. We do not have very well-educated parents, do we?

Dr. HARTMAN. We do not have very well-educated anybody in this area.

Mr. WINN. Right. Would you tell the committee—in my case, I do not know; maybe the rest do—what kind of doctor you are?

Dr. HARTMAN. I am a psychologist.

Mr. WINN. The thing that concerns me is we heard testimony on the west coast from two mothers, one who lost a son at 18 and the other mother lost a daughter at the age of 18 from OD's, and both of them were very frustrated when they found out, as I am sure you were, that their children were on drugs, heavily involved, and they said they went to school officials, they said they went to law enforcement officials, they said they went to, in one case which was a lower income family, minority group—they said they went to welfare agencies. The other one was a middle to higher middle class income, I would say. She just went from one place to the other seeking help. They talked to the children about the problems, and both of them had a horrible, horrible end.

This is one of the things that concerns me deeply, and that is we have no real professionals, we have no real experts in this subject.

Dr. HARTMAN. That is right.

Mr. WINN. We have people that have variations of programs and some have been fairly successful, some have been extremely successful, and I suppose there are hundreds of people around the country—because this committee hears from them frequently, who have ideas on how to take care of this drug problem if they only just had Federal funding or other money. As you said, we have a tendency to scatter our shots, as you found down in Wichita, a lot of smaller groups going their own ways, and there was no coordination. I think in the last 2 days of testimony we have heard that in some cases there has not been any coordination with constructive programs, with law enforcement agencies and officers, and other people.

Dr. HARTMAN. Yes.

Mr. WINN. Where we do go from here, Doctor? What would you suggest to this committee that we could recommend? And bear in mind, we are not a legislative committee, we can only recommend and introduce legislation that we hope the rest of our colleagues would support, that the administration would support, and that we can get some type of a program going. I think we are not tired of it because this is such an important subject, but what we do hear frequently is that everybody says "I do not know what the answer is but I wish I did." That is what we are looking for; we are trying to find the answer.

Dr. HARTMAN. Yes. I attend meetings over the country and over the world where the different areas of professionalism, occupations, and so on are represented. I am repeatedly struck with the tendency for each of us to end up the conference with becoming self-styled experts in everybody else's business and not looking at our own area of responsibility and deciding what we can do here.

I am impressed with your focusing on an area within the educational system that can be explored and focused on and action can be taken. I think this kind of thing is needed in every area.

(The following letter was subsequently received from Mrs. Hill:)

WICHITA COUNCIL ON DRUG ABUSE,
Wichita, Kans., October 20, 1972.

Hon. CLAUDE PEPPER,
Select Committee on Crime,
Washington, D.C.

DEAR CONGRESSMAN PEPPER: Congressman Winn asked "What would you suggest to this Committee that we could recommend?" bearing in mind that we can only recommend and introduce legislation.

I have discussed this question with the Wichita Council on Drug Abuse Board members. The following directions are suggested. If the idea interests you, members of our Board would be willing to work with you or other appropriate people to develop the idea in further detail.

The effort to develop the ability to cope with problems of drugs through the schools should be a coordinated one that eventually will involve all school staff, and the universities providing training for school personnel.

Since the answers are not in hand, and the problems are—attempts to work with this problem cannot be delayed so learning must be pursued while work is going on.

Increased counselors are needed but the present counselors and school staff need training in drug information and the OEO Regional Training Laboratory (Minneapolis) type of material.

As these people become trained, they can be used for a variety of in-staff training programs to train the rest of the teachers and administrators. They could use time during school breaks, week-ends, and other free time. Many non-counselor school staff do some of the most important and effective student counseling that is done.

Universities (local) will need to provide training programs for school personnel and give college credit for the training offered.

Drug education curriculum from K-12 is needed—but it requires trained teachers and much supporting materials.

Funding needs include:

additional counselor positions;

financial support for counselors and other school personnel to attend training programs instead of doing additional income producing work during summer school breaks;

financial support for universities to develop drug education training programs;

financial support for particular schools to conduct workshops, institutes, etc. for its staff; and

funding to provide an on going evaluation of the extent and nature of the present drug problem as it continues to change and grow within a school.

The above is admittedly the barest rudiments of an idea. Hopefully, it will be sufficient to let you know whether you are interested in pursuing it further or not.

Again, I woudl like to thank you for giving your time and attention to this most serious problem.

Sincerely,

DEE HILL,
(For James W. D. Hartman, Ph.D.,
Project Director).

Mr. WINN. But we have testimony, of course, today particularly—and you have been here all day to hear the testimony—that the administrators are aware of the problem but they do not feel that they are law enforcers and the teachers are probably less than enthusiastic, by the statistics on how much inservice training they attend.

Dr. HARTMAN. My caution—my hope would be that whatever is done is done in such a way that it cannot be inferred that this is going to solve the drug problem. It will only help in a certain area.

Mr. WINN. I think you make a good point there.

Dr. HARTMAN. And to tag the school counselors or the education system with responsibility for solving the drug problem is tantamount to making them the scapegoat for the community.

Mr. WINN. I know they do not like to hear this, but they are the parents of those children when the children go into those schoolrooms.

Dr. HARTMAN. Well, there are things that can be done within the educational system and these do need to be done. I think you are focusing on part of it. I think the danger is that when a responsibility like this is focused on and talked about as a solution to the drug problem, that the community at large then turns the whole problem over to that particular agency or profession. That is the reason that we decided against putting in a minister or psychologist or physician or some other professional person as the executive director of the Wichita Council on Drug Abuse and selected a housewife who could not be identified by agency or profession.

We were in the middle of this at the time Dr. Jaffe was appointed to the Special Action Office, and for a period of time we had to counter the reactions of people which went something like this: "Dr. Jaffe is a physician; therefore, it is a medical problem. It is going to be handled and solved as a medical problem. He was associated with the methadone treatment program; therefore, the methadone treatment is going to be the treatment of choice. The money is going to be funneled through the mental health associations; therefore, they are going to get the money, it is their responsibility."

This really sets up the mental health associations and the community for failure because the rest of the community has not carried its responsibility.

I have just returned from a trip around the Orient and talked to drug experts and drug authorities in a number of countries. In talking with them, each one of them identified their drug problem and identified the reason for it. In Japan, their amphetamine problem was the result of having lost a war, needing to work harder to rebuild, so they needed pep pills to increase their productivity. I thought, back in the United States we are saying that we are having a drug problem because of an affluent society and because they have nothing to do. In Hong Kong, they were talking about the earth coolies having large families and single-room shacks with earth floors, working all day hard, coming home with not much money and life really not offering this person much and somebody giving them some heroin, making them feel good, and they start working for heroin. I started thinking about all of the different solutions that were being offered for the drug problem, and one of the most recent, the most popular solution is social change.

Mr. **Winn**. That is the toughest of the bunch, though; is it not?

Dr. **Hartman**. Well, I think it is possible, but, again, in thinking about all of the different social situations and socioeconomic areas that have produced drug abuse problems, it seems to me that in effecting a social change we do not do away with the drug problem; we simply change the reason for drug abuse and maybe the drug of choice.

We have to make choices between what kind of drug abuse we want, but I think we have come to regard our society as a drug-oriented society and we have to learn to cope with it and how to deal with it and how to respect the fact that the problem is here, that it is going to be part of us; it is going to be changing in nature. The data we collected 2, 3, or 4 years ago is obsolete today. The statistics that we find in hospitals today are different from the ones we would have found last year or the year before. I think we have to be tooled up to continually monitor the problems of drugs, to be able to identify the problem developing and move into action against it.

Chairman **Pepper**. Excuse me just a minute. I infer you did not come up with any specific conclusion. You say it has many facets, you have to keep working at it. Is that about the gist of what you said?

Dr. **Hartman**. I think it is. It is going to continue to be a continuous problem for our society, that we will either develop or organize ourselves to deal with it on a continuing changing basis or we will find our society going in the direction of a deteriorating society, as in the Moslem countries where the interest declines, the apathy develops and filth becomes a part of what you see everywhere.

Mr. **Winn**. As a psychologist, do you think these young people are faced with any greater pressures than we were when we were young people?

They always bring this up.

Dr. **Hartman**. I think that this is clutching for straws. You can use anything as an excuse or rationalization. But it also is the statement "What you need is meaningful alternatives." And you talk to kids, and they say there are lots of alternatives. The question is: Why aren't they using them?

The pressures—it is a changing kind of society that the kids' parents are not familiar with, they are not trained in, they are not experienced in. There are a lot of surprises for all of us. That is one reason for using drugs or abusing drugs, but that is only one of them.

There are lots of attitudinal reasons, psychological reasons, emotional reasons. There are also physical reasons. We know from laboratory studies you can develop white rats to the extent that in one strain it does not make any difference how you give them the drug, whether injections, smelling, food, whatever, they never do seek that drug. You can develop other strains, and all you have to do is give them a whiff of it and they will start seeking it out.

It is a very complex problem. I am convinced there is not any one answer to why particular individuals get involved. It is an individual sort of thing.

Mr. WINN. Now, I would like to ask one question, and I do not mean to infer in any way the religious beliefs your son has found are connected this way, but there are groups that are referred to as the "religious freaks."

Dr. HARTMAN. Jesus freaks.

Mr. WINN. The Jesus freaks. And some of those organizations, I am quite sure, are doing a very fine job, but there has been discovered that some of those are fronts for just communes or groups of drug users that are using the religious part as a front, and that is what brings them together. But, really, behind the scenes, according to some studies we have seen, it is a good excuse to get away from home and go where other drug users are. Do you have any comment on that? Because your son, obviously, has had some successful experience.

Dr. HARTMAN. Both of my sons. I think it is like anything else that develops, there is going to be good use made of it and bad use made of it. Many of the spiritual kinds of programs that have devloped over the country are just as destructive and bad as the drug problem or other things.

Mr. WINN. The trouble is we are liable to categorize the members of these religious groups as all being Jesus freaks, which is bad.

Dr. HARTMAN. Yes. The term "Jesus freaks" developed when some of the youth who were working on the street, helping kids get to "crash pads" and helping them to get into the church, they found that it was popular on Sunset Strip in Hollywood and other places for the street people to refer to themselves as "speed freaks" or "smack freaks," or what have you. If they talked about themselves as "Jesus freaks," this got attention and they had a chance to start talking and develop a relationship. That term, like everything else, develops this negative connotation as well as useful ones. The young man who is credited with coining the term "Jesus freak" is Lance Bowen who also helped start the "Salt Company" coffee shop at the First Presbyterian Church of Hollywood and also created the "one-way" sign now used throughout the Jesus movement.

Mr. WINN. Thank you very much, Doctor.

Mr. BLOMMER. Doctor, I want to compliment you on your testimony here. I think Wichita, Kans., is fortunate to have you as a citizen I think you have a clear understanding of this problem, and it strikes me that you said it extremely well when you said that every child is involved in this problem. We hear that about 10 percent of some school is using drugs, or maybe a larger amount, but your point is well taken, all of the kids are involved. They might make the right choice not to use drugs, and they might make the wrong choice. I think that any parent that is looking in today or reading the newspapers would be well advised to take your point that every single child is going to be faced with this decision.

Dr. HARTMAN. I would like, if I may, to expand on that a bit, because I see the drug problem as not just a youth problem; it is not just children having to make decisions about abusing drugs. I think every member of our society has to make that decision today. That the behavior of kids getting into drugs—I suppose it will be less and less on this basis—becomes obvious, but the past several years I think that most of them, the majority of them, have gotten involved because they are engaging in imitative kinds of behavior. They have had a good experience with a drug their friends have done. When their friends say that they are not feeling well, they reach in their pocket and say "Here, take one of these; it will make you feel better."

The same thing, parents say, physicians say, and so on, without maybe some of the values that the physician or the parents would have in doing that kind of thing. But, as a community, we have to face the problem of making a decision about what is important to us as a community and as a society, and this is not just with the psychedelic drugs and not with just the hallucinogenics, the illegal drugs, but it is also with recognition of the problems that alcohol presents on the highways, dealing more deaths than we have in our war in Vietnam, more work loss, due to alcohol.

I think that as a society we have to decide what kinds of laws we want to live by and start developing some respect for the laws that we establish, to the point that we can accept that they will be enforced, even where they involve us.

Chairman PEPPER. Doctor, you have given a very clear and penetrating presentation of the magnitude of this problem, how it does affect the ethics by which we live.

In respect to the so-called religious experience, whether it has any supernatural relationship, or character, or whether it is a psychological experience or some other sort of emotional experience, we do know that history is replete with instances of some of the most dramatic changes that have ever taken place in people's lives being that kind of an experience.

Dr. HARTMAN. That is right.

Chairman PEPPER. And here we had a young student—I believe he was 19, wasn't he—in San Francisco, out of a panel of a half a dozen boys and girls. This boy was a big, strong young man. Must have been at least 6 feet tall, weighed about 180 or 190 pounds. Very strong. You would think that he would just be a leader in school, athletic, all of that. He got deeply involved in drugs and got involved in crime, et cetera. He went through several treatment programs, everything that they knew of, everything they could send him to, and he finally emerged from that dilemma through a religious experience. He told us there, as a witness that day, that now he was living a new life. He had a new point of view, a new attitude toward people and things; and these others were struggling; they had been through different programs. We had others. One boy, a Mexican-American boy, whose father was a drunkard, whose mother was a prostitute. He did not have very much encouragement at home from the family to be anything other than what he turned out to be, a drug user, a drug trafficker. He said he did not go to school except when his drugs ran out. He could get them easier there than anywhere else.

He found a way back to the better way of what we like to think of as a normal way of life, going through one of the treatment programs where they had a ranch with wise people running it. They engaged in wholesome activities, structured, and everything.

Another boy, one of the witnesses, had also been through the ranch program.

So, some find one way back as the best way and others find other ways best.

What you are suggesting is that it is a challenging situation to try to find the best way to appeal to people who have gotten into these dilemmas to help them get back to freedom from such an ordeal.

Dr. HARTMAN. Yes. The religious programs have probably helped in numbers more than any other approach. The thing that I believe is common throughout any of the programs and basic to the success of dealing with an individual is an individual-personal-emotionally meaningful relationship with somebody. This is true whether it is in the religious programs or whether it is in the programs like Synanon or the other rehabilitation programs.

It involves a confrontation and emotional experience with another individual, and, of course, the religious programs, the Christian programs, the personal relationship with Christ is central to it. A relationship with Christ can be continued the rest of their life. Non-Christian programs have difficulty providing this kind of continuing support.

Chairman PEPPER. Doctor, what about the peer therapy programs? They have a place, too, don't they?

Dr. HARTMAN. The peer therapy?

I am not sure I know what you are talking about.

Chairman PEPPER. Well, what I am talking about is the kind we have in Fort Lauderdale, Fla., called the Seed.

A man who was an alcoholic—no professional man at all—developed this program where he had several hundred students, young teenage boys and girls, who are sent there each year by the court, or the school system, or sometimes by the families, a few volunteer to come there.

This committee visited his installation and saw those boys and girls stand up and give their experiences of all sorts of things they had been included in—crimes they had committed, traffic they had participated in, and the family differences they had had, and the like. Yet, they had a glow on their faces from the happiness in which they sang songs together and the community of good feeling that had developed among them. By the way, the password was "I love you, I love you, I love you, I love you, I love you, I love you." They had a new attitude. It is sort of religious in its significance, too; but not orthodox.

A medical doctor who is the head of a program, which is Youth Drugs, using other methods is a reluctant convert to the Seed because, he said, "When I went up there and saw two or three boys and girls I had in my program with whom I could not do anything and I saw new life in those boys and girls, I had to admit it had something to offer."

I think all of our committee who saw the program gave it credit. It may not have been perfect, but it seemed to have done something to most of those boys and girls who were in it.

Dr. HARTMAN. It is a very impressive program, and there are a number of such impressive programs around the country.

The thing that is common among them, I think, is that they depend upon a particular person, and for somebody else to attempt to duplicate it becomes very difficult. It takes another particular kind of person to carry it out.

It also includes a very personal relationship between the people involved, so that the amount of time that is given to a person in need frequently is not just for an hour or two, but a day or two, or 3 days or weeks.

Chairman PEPPER. They stay several weeks.

Dr. HARTMAN. Yes.

Chairman PEPPER. They do not go back home. They stay with the parents of students who have been through the program, in the city in which it is located, so they are together.

Dr. HARTMAN. The traditional ways of treating by the hour appointments, and so on, just do not fit the needs of this problem. Again, when they do get away from the program eventually, they are dependent upon their ability to form new sustaining friendships that will keep them out of trouble—whereas the Jesus movement program provides a continuing relationship with Christ the rest of their lives.

Chairman PEPPER. Well, Doctor, we would like to listen to you all day, but our time is running out.

Dr. HARTMAN. Thank you for listening.

Chairman PEPPER. We do want to thank you for coming.

Dr. HARTMAN. I am not sure whether I left out what Mrs. Hill wanted me to be sure to insert.

Chairman PEPPER. We want to hear from Mrs. Hill.

Dr. HARTMAN. Perhaps, she would have some point she would like to make.

Chairman PEPPER. We were expecting to hear from Mrs. Hill. That is the reason I wanted to save a little time.

Mrs. Hill, make whatever statement you would like.

Mrs. HILL. I really do not have anything to add to what Dr. Hartman has said, other than the fact that if this is the way a body testifies, I haven't minded it at all. It has not been difficult.

We feel like the council's program in Wichita has been real successful, and I think this is verified by the fact we were asked to conduct the Governor's conference.

I would also like to know how to get your committee to come to Wichita.

Mr. PHILLIPS. I think I told Dr. Hartman we would be happy to come back to Wichita, at least some of the staff, and discuss some of our progress with you at a further time. We will be in touch with you.

Chairman PEPPER. Do you have anything further that you would like to say?

Mrs. HILL. I really do not have anything to add. I think he covered it very well. We do not represent the Wichita school system, but I can say the kinds of calls we receive at the council office have come from counselors at schools, teachers at the schools, principals of schools, and they really do not know what to do. They do not have training, and, you know——

Mr. WINN. They do not have an inservice training program?

Mrs. HILL. Not to my knowledge. I know that they have lots of audiovisual material, like the other gentleman discussed earlier. We have a child guidance center; we have the mental health clinic, and we have various places they can be referred to. We have private physicians, but it is very limited in people who are knowledgeable enough to know of these kinds of programs.

Mr. WINN. Do you have full-time nurses in your schools down there?

Mrs. HILL. I think it probably depends on the schools. I think they shift off, take turns at different schools.

Mr. WINN. They have a couple of hours at one school and maybe a half day at one and a half day at another.

Mrs. HILL. Yes. In the elementary schools it is the same way. It is worked with the counselors, too. I think at some junior highs and high schools the nurses and counselors are there full time.

Mr. WINN. When people come to your council, what do you do with them? Where do you send them?

Mrs. HILL. Our council?

Mr. WINN. Yes.

Mrs. HILL. I am not a professional person at all, though I do have professional backup.

Mr. WINN. You really sort of sponsor through the Junior League?

Mrs. HILL. Community.

Mr. WINN. Community, as a whole?

Mrs. HILL. Right. Community agency.

Actually, we get as much information out of them as we can, and we do try to get parents. Most of the calls that come to our office are from parents.

Mr. WINN. In other words, the parents down there are searching, they are searching for help?

Mrs. HILL. Definitely. They really are, and they do not know what to do. Usually, they are so up-tight and they do not know how to handle the problem, that it usually takes counseling with the parents to get them to accept the fact they have a problem and what are they going to do about it and how are they going to handle it. But the philosophy of the council is that everyone has something that they can do, and that is what we have been working on, stimulating and counseling different professional groups, civic organizations, to learn what they can do and to do it.

Mr. WINN. Your acceptance by the community has been pretty good, according to what you have told me.

Mrs. HILL. Yes, because we have the whole community involved.

Mr. WINN. How old is your organization?

Mrs. HILL. A little over 2 years.

Mr. WINN. Have you noticed any—I suppose because you are relatively new, you would have more inquiries now about the services of your council than you would have when you first started; is that true?

Mrs. HILL. Yes.

Mr. Winn. Do you think that because there are more users in the schools, the problem is bigger?

Mrs. Hill. I think the schools are having to recognize the fact they have a problem. Yes; there are more users.

Mr. Winn. Did those schools down there have any surveys, student surveys or any type of surveys or statistical information that they have submitted to your council that tells you percentagewise what might be the situation, what they might have in the way of users or addicts?

Mrs. Hill. I do not believe they have any figures. They keep track of dropouts and absenteeism rates, and this kind of thing. I am inclined to agree with them, that it would be unrealistic to run a survey, because the kinds of information you collect really are not going to be the answer to the problem.

Mr. Winn. They are not going to be the answer to the problem?

Mrs. Hill. They are not going to be the answer to the problem. What I mean is I do not think they would get the correct answers, plus the fact they are not going to be able to touch the kids who have dropped out of school already, and I think——

Mr. Winn. Oh, yes. I disagree with you, because those same kids that drop out of schools go back to the schools. I have seen them on the campus. I did not bring it up today.

Mrs. Hill. They are not going to fill out surveys.

Mr. Winn. No, they are not going to fill out surveys, but some of them are of the frame of mind to spill the beans, tell what they know. That is human nature. There are always those who want to tell you a little bit more, because they want to show you how much they know.

I think if it is approached the right way we can get some statistical information from student surveys and then let professional people go over it and take the slippage out. But I think it would be very helpful. Because, if you heard some of these school officials today, several of them said that was the reason they did not know what kind of a problem they had—that it is serious. They do not really know what they are talking about, but they all talked about money.

Now, how can they know how much money they are going to have to spend if they do not know how big the problem is?

This is what bothers me.

I just wondered if you had any ideas on it.

I thank you for appearing and coming up here.

Mrs. Hill. Thank you.

Dr. Hartman. I am just thinking that we should share with you, that one of the first projects of the Wichita Council was to work with the board of education in developing a K-to-12 drug education curriculum. The problem that we are faced with at the present time is that the teachers are not prepared to use it and the libraries are not prepared to provid the supplies in support of the program. The program now is about a year and a half old. So, there are developmental kinds of problems that could be helped greatly by additional funds for materials, training, and special personnel.

In regard to taking surveys and collecting data, as I said before, the changes are so rapid from one time to the next, the problems have changed and data is obsolete; but, in addition to that, there are many other problems.

It is not enough to just know the circumstances and methods and have research tools, but in order to know what questions to ask in the first place, you have to know something about the problem. The people who are expert in research methods are not knowledgeable enough in the area of drug abuse to know even what questions to ask.

When the questions get asked and the data comes in, it is a disparate kind of data and there are all kinds of errors made in interpreting it.

Mr. WINN. I agree, but I think it is worth a trial.

Dr. HARTMAN. Yes. We do have to get our feet wet.

That kind of data is complete enough to make some associations so that we can build on it as we go along and start making some sense out of it.

And in relation to the other most recent project of the council, the Governor's Conference, one of the main efforts that was made was to pull together the research skills in the community in such a way as to (1) focus their attention on the problem of drug abuse and give these research people some orientation regarding the problem and (2) give us some feedback information about the drug problem through the people who attended the Governor's Conference.

To do that, we pulled together the chairman of the evaluation committee, who is head of the human factors at the Boeing Airplane Corp. at Wichita, to manage the evaluation teams; the research staff of Prairie View Mental Hospital Center to participate in this; the staff from Midwest Research Institute, and others, to pull together research skills that have not been previously directed toward the drug problem.

They did an evaluation of the effect of the conference, and, secondly, they evaluated the process and gave some feedback during the conference, and we feel it had definite influence and was significantly helpful as evidenced by the fact that of the 50 teams who were sent in by mayors from all over Kansas to attend the conference, making up 250 people, there were over 240 people at the closing summary, which is phenomenal for conferences.

This reminds me of a concern we had about apathy among the school people. We ran into this throughout the State of Kansas, when a request by the Governor was sent out to each mayor in the State of Kansas requesting them to appoint a five-member team from their community to attend the conference. There are 627 mayors in Kansas. At the time of the deadline for receiving these teams, we had 11 responses. It took a great deal of personal contact to get a total of 42 mayors to send teams to attend the conference.

But I think what you are doing in going around and holding hearings, having television coverage, and so on, is a part of what needs to be done to develop awareness and interest in doing something about the problem. We are happy you are doing it.

Chairman PEPPER. Thank you, Doctor.

I just want to say one word, following what Mr. Winn has said, about having such little actual knowledge on the part of the school authorities of what was actually going on in the schools relative to drugs.

In so many instances in these major cities, the superintendent of education has almost disdained that he personally was expected to know anything about the facts of drug addiction or drug use in these schools. We had the superintendent and assistant on, and the superintendent says "I do not know anything about that," and he would refer to his assistant, as if it were far below his dignity to know anything about that problem.

Dr. HARTMAN. I think there is an understandable reason for that. I think it is defensive, and I think it is the same kind of thing parents do when they see their youngster walking through the living room dropping pills and they ignore it. It is because they do not know what to do, and if they acknowledge they see the problem, then they have a responsibility of doing something.

Chairman PEPPER. It is rather analogous, I thought, that attitude, to the top military people in Vietnam. When this problem first emerged they solved it, the top authority solved it they thought, in a very effective way: By just dishonorably discharging all of the men that they found to be addicted to heroin. That was it. They just washed their hands of it; let it go. They did not realize what was being done to those men and how much they were caught up in the system.

Dr. HARTMAN. This is the reason that I hope what action you take can be taken in such a way that it does provide these educational systems with an opportunity to do something within their own area of responsibility without taking on the whole problem for the community.

Chairman PEPPER. That is what we are apparently concerned about.

Dr. HARTMAN. Your work here is making apparent something we might have overlooked when the State drug authority conducts our State survey. That is the need for special attention to getting information about the schools.

Mr. WINN. We have overlooked—I found, from my own daughter, who is a second-grade teacher who has been sitting here all day—left a little while ago—maybe one of the best school systems as far as drug abuse education is the Olathe High School. The Olathe School System, she informs me, starts the drug education process in kindergarten. We have heard a little bit about this in our area, but until she pointed it out, I was not aware they started that early. She teaches second grade.

Chairman PEPPER. Mrs. Hill, we want to thank you very much for coming and commend you for what you are doing as an interested citizen.

And, Dr. Hartman, we want to commend you in the highest way for employing, rather obviously, your very competent professional skills toward this challenging public problem.

Thank you very much for coming.

We have received a letter from the Carpenters' Local 168 of Kansas City, Kans., which will be incorporated in the record at this point.

(The letter referred to follows:)

OCTOBER 7, 1972.

HON. CLAUDE PEPPER,
Chairman, House Select Committee on Crime.

HONORABLE MR. PEPPER: Concerned parents within our community have become increasingly aware of the drug abuse problem. Included within this group are some of the members of Carpenter's Local 168 of Kansas City, Kansas. About a year ago the Local took affirmative action as a civic endeavor to make more of our citizen's aware of the drug problem that faces us all.

It has come to our attention that there was a slide rule type card that identified drugs and indicated several important factors about each of them. The Local took action to purchase several thousand of them and distributed them to the general public.

Since the schools seemed the focal point of the drug abuse program it was felt that it would be the logical place to distribute the cards. A visit to one senior high school principal brought out the possible use of the cards in a sociology class. Another high school indicated that they would like enough to supply each of the teachers with a card.

Many of the teachers interviewed thought that perhaps the cards would be of more value in the hands of the parents. One other high school principal said that he thought that at least his school was saturated with drug information and that the students had become calloused or indifferent to the presentation of the material.

After awhile we found the process of contacting individual schools was too slow, so our next stop was the Public Information Office of our Board of Education. They were delighted to be of assistance.

In our visiting in the schools, the principal of a black high school put us on the track of the Public Information Office of the Kansas City, Kansas Police Department. Apparently they had a need for this drug identification card and the Local once again committed themselves to several thousand cards to these people. In aligning ourselves with the Board of Education and the Police Department we feel that the cards will be handled by those closest to the problem.

After talking with many people aware of the drug problem in the schools we asked at times for some feed back on the effectiveness of the cards, but to date we have not received any comment.

We know that the cards are receiving some distribution because the Local has received request from various groups for some of the cards. Some doctors, a Boy Scout organization and a safety engineer in a factory are some examples.

As has been indicated, we still feel that the primary target for this particular type of information is the parents. One suggestion made by a junior high principal is that perhaps a good method to reach the parents was to reach down into the primary grade levels and let the kids take the cards home. He said the possibility of getting the card home was far better with his group than it would be with the kids in the secondary level.

Most of us working on this project are hopeful that in some way our efforts will help parents in our community recognize the signs and symptoms that identify drug users. With statistics pointing to a fifty percent chance of experimenting with drugs at the high school level the value of drug identification card for parents would appear to have a lot of merit.

Carpenters Local 168 is committed to help in anyway possible to assist our community in its fight against drug abuse.

Sincerely yours,

GORDON BURNETT,
Business Representative.
JIM HARDING,
Business Representative.

Chairman PEPPER. I want to repeat the gratitude of the committee to Judge Brown for allowing us to use this very excellent and commodious courtroom of his, which has been so pleasurable for us as a hearing room.

I want to especially thank Mr. Charles Gray and radio station WDAF for the very splendid and generous coverage which they have given to our hearings here.

I wish also to express the same commendation and gratitude to Mr. Burt Koons and station KBMA-TV for the exceptional generosity that they, too, have exhibited in giving coverage to our hearings and we hope bringing a larger awareness of the challenge of this problem to the people of this area.

And to all others who have, the media and others, the officials of the court here who helped us in so many ways, we wish to express our deep gratitude to you.

We feel these hearings have been very informative to the committee in helping us to try to make some effective recommendations on the subject, and we hope it may have been of some value to the greater Kansas City communities.

The hearings are now adjourned.

(The following was received for the record.)

PREPARED STATEMENT OF DR. ROBERT F. HICKEY, COLLEGE OF MEDICINE AND DENTISTRY OF NEW JERSEY, MARTLAND HOSPITAL, NEW JERSEY MEDICAL SCHOOL

The incidence of non-medical drug use among elementary and secondary school students in metropolitan Kansas City and surrounding school districts.

My exposure to the drug problems related to the non-medical use by adolescents in the metropolitan Kansas City area extended over a 26-month period from June 1, 1970 to July 31, 1972. During that period one of my major functions was the directorship of the greater Kansas City Drug Abuse Center. This agency was a multi-disciplinary center providing informational services at all levels as well as referral counseling and diagnostic psychological evaluation. This agency was closely involved with a large number of school districts throughout the area for educational and other services related to drug use.

In an attempt to determine the severity and extent of drug use problems in some school districts, the Center undertook a broad study in February 1972 to assist in this determination. The mechanics of the project included a 123 character survey questionnaire which was administered to a 12% random sampling of some 6,000 students in three school districts. The validity of the project was strengthened by the fact that the student participation was completely voluntary with their identity being absolutely anonymous. Anonymity was assured by the independent research team lead by myself.

The survey questionnaire was designed by the writer in partial fulfillment of graduate requirements for the Masters degree in Educational Psychology in 1968. Prior to being used in the metropolitan area, this instrument was tested in four other states in conjunction with the United States Office of Education and its funded programs. In reviewing the data revealed, it is recommended that one consider the results in terms of student attitude rather than use patterns. This means, although a student indicated that he had used marijuana, that statement may have been a reflection of his or her attitude. In fact, the student may not have actually used the substance because of its present legal status. However, given other circumstances, such as marijuana being legal, being more readily available, and the lack of consideration for parental authority, that same individual would use the drug.

The students who chose to participate in the project were as follows: 49% male, 51% female, 62% were between the ages of 14 and 17 years; 61% were in junior high school and 39% were in senior high school. The summary of drug use indicated were as follows: alcohol, 37.29%; tobacco, 31.81%; marijuana, 19.74%; tranquilizers without prescription, 10.00%; methyldioxylamphetamine (speed), 6.22%; heroin, 3.30%; lysergicdiethylamide, 10.60%; barbiturates, 13.00%. It is interesting to note that in questions concerning availability of drugs, the data revealed were within +5 percentage points of the incidence figures. That is, although 20% of the students indicated marijuana use, only 25% indicated that the substance was available to them. It should be noted that as in other areas of the country, alcohol and tobacco were still the number one and two drugs of choice. 30% of the respondents used tobacco at least weekly while 15% used alcohol weekly. Of those who participated, 16% were still using marijuana at the time of the survey while 19% indicated they had used it in the past but were no longer users. The two age categories revealing highest incidence were in the 15 year old bracket with 13% still users and the 17 year olds with 20% still users.

In the questions pertaining to LSD, 7% of the students were still users. The highest incidence of LSD use was found in the 15 year old age group with 7% of that group category still users. It is worth mentioning the substances such as LSD are more problematic. 6% of the total population sample indicated they had used LSD more than 25 times.

Other drugs which were still being used at the time of the survey included 6% of the students on speed, 2.5% using heroin, 3% using glue, and 20% using tranquilizers with a doctor's prescription.

One of the most controversial questions in the drug using arena today is whether marijuana use is related in any way to the use of other drugs. In reviewing the data from this project we must conclude that there is some degree of association between marijuana use and the use of other drugs. We could argue that marijuana "LEADS" to the use of these other drugs.

Reporting on the three or four other drugs in relationship to marijuana we find that of those students using glue, only 5% had not used marijuana; only 4% of the LSD users had not used marijuana; 2% of the speed users had not used marijuana; and 1% of the heroin users had not used marijuana. In other words, with all types of drug use, at least 90% of the users had used marijuana and 80% indicated that other than tobacco and alcohol, marijuana was their first drug of choice. Looking at the data more closely we find that of the approximately 600 who participated, 108 were drug users at the time of the survey. The statistics showed that 48 students use marijuana only; 2 used marijuana and heroin only, 2 used marijuana and speed only; 8 used marijuana and LSD only, 2 used marijuana, LSD and heroin; 9 used marijuana, LSD and speed; 3 used marijuana, LSD, speed and heroin; 1 used marijuana, glue and speed; 1 used marijuana, speed, glue and heroin; 9 used marijuana, glue and LSD; 7 used marijuana, glue, LSD and speed; and 3 used all of the drugs checked for in the research project. A significant fact brought out by the study indicates that at least 55% of the students who used marijuana also used a wide variety of drugs.

The final point of interest is in the area of education and drug use. We found that of the students who had some type of educational program 75% had not used drugs, while of those who had not been exposed to drug education, 64% had not used drugs. This means that 24% of the students who had been exposed to drug education also used drugs, while 36% of those who had had no drug education were involved in the use of drugs. Therefore, it is clear that programs which are discussion-type, allowing students to express themselves are the most effective with film and lecture presentations being the least effective.

This study, although conducted only in the northern portion of Kansas City, Missouri does give us some indication as to the extent of non-medical use of drugs by our secondary school students. If we then take time to analyze information gleaned from individual schools and medical institutions in this metropolitan area, we will note that this problem of adolescent drug use is insidious. It should be further noted that although this study directed its focus specifically to certain drugs which are prone to high abuse potential in the newly traditional category of drug abuse, a wide variety of over-the-counter patent medicines are also being used by young people and sometimes to participate in the dangerous practice of the "Salad Party".

As in many other areas of the country, Kansas City is certainly no different as regards factual data relevant to the extent and incidence of drug use at the elementary school level. We have determined from patient consult records and requests for consultations from individual schools that the problems of drug use at this level are increasing rapidly and certainly more rapidly than our capabilities of dealing with them. One result of extensive drug education programs with our teen-age population has been a more increased awareness of the possible danger of non-medical drug use and to some extent the examination of the total denial phenomenon demonstrated by this age group with regard to their drug using practices. However, we have certainly not achieved that result with elementary aged students. They involved themselves in these practices in complete ignorance of the possible ramifications of their drug use.

You will frequently hear from school administrators in this metropolitan area that the drug problem is not as serious as some people might lead us to believe. I find from my professional experience that this attitude is totally unacceptable and that those administrators who persist in this belief are doing so only to protect themselves and their ivory towers. The number of calls at the Greater Kansas City Drug Abuse Center from physicians involved in the private practice of pediatrics indicates to us that some of the drug problems which are being ignored by school authorities are being brought to the attention of private practitioners. It is clear that the numbers presented to private practitioners represents a very small fraction of the total population experiencing problems.

During the first six-months of 1972, 52 patients were referred from the Greater

Kansas City Drug Center to private practitioners for care related to non-medical drug use. All of these patients were between the ages of 11 and 13 years. Some of these individuals have since been committed to state mental institutions. Finally, I would like to mention two points. One which complicates the overall drug picture in this area and the other to reinforce the theory that non-medical drug use by adolescents should certainly be of great concern to citizens of Kansas City. One of the most severely complicated facts of street drug use to date is the credibility of the illicit market. It has been established by the Midwest Research Institute in Kansas City that there is at least a 50% chance of getting what he seeks without receiving some adulterated or poisonous substances. Further clear documentation is available on this topic from Dr. Ted Woodhouse of the Midwest Research Institute. This analysis project was initiated by Dr. Woodhouse and is being maintained and carried out by him presently.

For those individuals who maintain that the problem of nonmedical drug use in adolescents in Kansas City and the surrounding area is not a serious one let them be reminded that from July, 1971 to July, 1972 this city witnessed the deaths of 10 young people as a result of their drug use. The most serious and memorable event in that regard was a fire in suburban Johnson County which destroyed a home and caused the death of three individuals and severe suffering to another young female. This fire was started during one of the previously mentioned salad parties.

Kansas City does have a drug problem and in general has not been facing it in a realistic manner and to date has been dealing with it only from a crisis orientation. The Honorable Charles B. Wheeler, Mayor of Kansas City, has, however, left me with an optimistic attitude for what will happen in the future. Dr. Wheeler has taken the initiative to see that something is done at a municipal level to eliminate the in-fighting and competitiveness existing between the agencies in this city supposedly involved in dealing with the drug problem. Additionally, it should be noted that the Kansas City, Missouri public school district has a sincere desire to help rectify this situation but has been held back only due to a shortage of funds. The cities and school districts in this area could be greatly aided if only the Law Enforcement Assistance Council for Western Missouri would change its attitude and begin to provide discretionary funds to be used in drug abuse abatement programs rather than their present orientation of providing equipment to police officers to detect, arrest and attempt to incarcerate drug users. The city has not yet arrived at the stage of the Attorney General from Kansas, Vern Miller, who has mounted a campaign concerned with "BUSTING" drug users and letting the big time dealers go free.

I would like now to deal with some specific situations relating to the attitudes of various school districts with regard to adolescent drug use. As mentioned previously, the Kansas City, Missouri Public Schools have indicated a desire to provide assistance to students in expanding their knowledge on drugs. Unfortunately, none of the four grant applications submitted to Federal authorities for financial assistance were approved for funding. Although they have indicated this willingness, it was certainly baffling to us at the Drug Center when the school refused to participate in our survey of drug use referred to previously. I am sure the only one who could answer questions as to why the district refused, would be Dr. Andrew Adams. There is no doubt that the Kansas City, Missouri school district was plagued by a deep-rooted problem of drug use and this lack of doubt was further strengthened by the large number of contacts made at the Center with students from South West High School, Bingham Jr. High and East Jr. High. Further to this was the murder of a young female student from Bingham Jr. High in 1971 which was drug related in many respects.

The Raytown, Missouri school district all but ignored the problem at the insistence of Mr. Joseph Herndon, the District Superintendent who maintained that his district was absolutely drug free. The Greater Kansas City Drug Abuse Center has many files on students from Raytown who were offered assistance. Finally, the school districts in this fringe area of Kansas City did not wish to recognize the drug problem with the exception, possibly, of the Ruskins Heights school district which attempted to incorporate innovative programs into their curriculums for their junior and senior high school students.

On the Kansas City side of the metropolitan area there was no doubt in anyone's mind that the Shawnee Mission Public Schools were attempting to deal with the problem. As there are no experts in this field of non-medical use of drugs, no one would be in a position to comment as to whether the effectiveness of this school district and its programs was ever achieved. The Kansas City, Kansas Public Schools and their effort can be summarized by the phrase "completely non-existent".

Turning our attention to the various drug related programs operational in the metropolitan area it can be accurately said that there was a complete lack of cooperation and coordination. It is interesting to note that even the 32 different organizations functioning at the time of my departure, the effectiveness of the programs and services offered to the citizens of Kansas City were less than acceptable, to be kind.

The Drug Intervention groups in Johnson County were incapable of relating to the community at large and other programs in the city because of their isolationist attitude and veterinarian or humanoid approach. The philosophies of this organization represented the opinions of one individual who had lost all concept of the problem.

Renaissance West, Discovery House Midwest, The Westport Free Medical Clinic and all other similar programs were attempting to provide services but their effectiveness was restricted by a complete lack of funds. Many of the programs were suffering from the same monetary affliction but steadfastly refused to accept that coordination and a unified effort would assist them in being more successful at attracting financial help. Most of the programs spent 80% of their time defending their various positions and engaging in human-animal-territorialism. I would like to complete my testimony by praising the Heart of America United Campaign for their continued monetary and moral support of the efforts of the Greater Kansas City Drug Abuse Center. Although I have had serious questions as to some of the practices of the United Campaign they have always been open to suggestions and never threaten our program with termination because of complaints of the director. Mr. Richard Gray and Mr. Chet Fisher should be commended for their efforts.

I would like to take this opportunity of thanking the members of this House Select Committee on Crime for reviewing this information and using it for whatever it may be worth.

(Whereupon, at 3:15 p.m., the hearing was adjourned, to reconvene on December 6, 1972, in Los Angeles, Calif., entitled "Drugs in Our Schools, Los Angeles, Calif.")

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